

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

17359

**1. PLACE OF DEATH**

96 County St. Louis Registration District No. 790  
 2 Township Central Primary Registration District No. 6033  
 7 City St. Louis No. St. Louis Crealy Hospital

File No. ....  
 Registered No. ....  
 St. .... Ward)

**2. FULL NAME** Zeb Dunkins

(a) Residence, No. .... St. .... Ward. ....  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE Gold 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) not known

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
about 23

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. ....  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation. ....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

13. NAME Jos Dunkins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

15. MAIDEN NAME not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT (ADDRESS) .....

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dickson DATE May 12 1932

19. UNDERTAKER (ADDRESS) J. C. Lewis

20. FILED May 11 19 32 R. W. Sullivan Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at St. Louis.

The principal cause of death and related causes of importance were as follows:

Justifable homicide Date of onset 7/5/32  
at home of a  
police officer,  
1932  
 Other contributory causes of importance:  
Gun shot wound  
of abdomen.

Name of operation none Date of.....  
 What test confirmed diagnosis Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? homicide Date of injury 7/5, 1932

Where did injury occur? unexploded mine  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Justifable homicide  
 Nature of injury Gun shot of abdomen

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify.....

(Signed) John O. Conell, M. D.  
 (Address) Room of Holmes St.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

