

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

Do not use this space.

17567

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1000
 City St. Louis Mo No. 4348 Wyoming St.

File No.....
 Registered No. 4480
 St. Ward)

2. FULL NAME

Amie E. Dunsford
 (a) Residence, No. 4348 Wyoming St. 16 Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yr mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>Edwin Dunsford</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 14 - 1863</u>		
7. AGE	YEARS <u>68</u>	MONTHS <u>7</u>
	DAYS <u>20</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Homekeeper</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>" 235</u>	
	10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri 1</u>		
FATHER	13. NAME <u>Peter Stretch</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England 8</u>	
	15. MAIDEN NAME <u>Mary Nutt</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>	
	17. INFORMANT (ADDRESS) <u>Mrs Etta Hambley 4348 Wyoming St.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sum Sit Burial Park</u> DATE <u>May 7 1932</u>		
19. UNDERTAKER (ADDRESS) <u>E. J. Schnur 3125 Lafayette Ave</u>		
20. FILED <u>AY - 7 1932</u> <u>Max Estark</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 15 1931 to May 4 1932
 I last saw him alive on May 4 1931. Death is said to have occurred on the date stated above, at 4 p. m.
 The principal cause of death and related causes of importance were as follows:
Pyletic Haemury Date of onset Oct 15 1931
1245
135A
102 124E
 Other contributory causes of importance:
By Poisoning
Chronic of liver

Name of operation W ⊙ Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify.....
 (Signed) B. Shaulen M. D.
 (Address) 1514 St. Jefferson Ave

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.

