

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Raw
City W. C. Mo. (No. 4615E8th)

Registration District No. 888
Primary Registration District No. 0002

File No. 19782
Registered No. 2500
St. _____ Ward)

2. FULL NAME

Samuel L. Dunn "Dunn"

(a) Residence, No. 4615E8th St., 10 Ward.

(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 cm 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma J. Dunn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April - 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 2 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painting

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Contractor

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) Pittsburg

13. NAME John M. Dunn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME Hellen Ford

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) John P. Mollard
4237 Scrabble

18. BURIAL, CREMATION, OR REMOVAL PLACE Carwith Cem. July 1 1932

19. UNDERTAKER (ADDRESS) Roy & W. Benson
4139 E. 16 St

20. FILED 7/1 1932 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29 1932

22. I HEREBY CERTIFY that I attended deceased from June 19 1932, to June 29 1932. I last saw him alive on June 29 1932. Death is said to have occurred on the date stated above, at 5 p.m.. The principal cause of death and related causes of importance were as follows:

Angina Pectoris
94A 94A
Other contributory causes of importance:
⓪

23. Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1932.
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? No
If so, specify _____
(Signed) A. W. Thompson, M. D.
(Address) 6218 Baltimore W. C. Mo.

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.

