

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. 7052

Township.....

Primary Registration District No. 3503

City.....

City.....

File No. 27501

Registered No. 7309

St.

Ward)

2. FULL NAME

(a) Residence, No. 1923 - So. 9th St. 23 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 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 *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Aceta Dunham*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec 15 - 1860*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 7 23

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. *carpenter*
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) *macon Co. ?*

13. NAME *Henry Dunham*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unk*

15. MAIDEN NAME *unk*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unk*

17. INFORMANT (ADDRESS) *Hospital*

18. BURIAL, CREMATION, OR REMOVAL PLACE *East St. Louis Ill* DATE *8-10* 19

19. UNDERTAKER (ADDRESS) *Chas. Burke*

20. FILED *AUG - 8 1932* *Max C. Stancik* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug. 24, 1932*

22. I HEREBY CERTIFY That I attended deceased from *July 26, 1932, to Aug. 7, 1932*
I last saw him alive on *Aug. 7, 1932* Death is said to have occurred on the date stated above, at *12.15 a.m.*
The principal cause of death and related causes of importance were as follows:

Arterio-Sclerosis & gangrene of left leg, foot, & Rt. foot.

Other contributory causes of importance:
Acute nephritis
Ch. myocarditis
Coronary Thrombosis
Infected infarct of spleen & kidney

Name of operation Date of

What test confirmed diagnosis? *Atpy* Was there an autopsy? *yes*

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) *Raymond J. Cook* M. D.
(Address) *City Hospital*

Handwritten text, possibly a signature or name, located at the top right of the page.

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