

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

Do not use this space.

28286

**1. PLACE OF DEATH**

108 County Vernon Registration District No. 873  
Township Virgil Primary Registration District No. 6158  
City (No. St. Ward)

**2. FULL NAME**

Thomas Harvey Dunkin  
(a) Residence, No. St. Ward. (If nonresident, give city or town and State)  
(Usual place of abode)  
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 M 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 Martha Dunkin  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12 1853  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 79 1 9  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
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) Ill

13. NAME Thomas Dunkin

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

15. MAIDEN NAME Menerva Miller

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

17. INFORMANT (ADDRESS) John H. Dunkin  
Bellon mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wth Vernon DATE 8/25 1932

19. UNDERTAKER (ADDRESS) Guyton Siders  
Edwards

20. FILED Aug 28 1932 M J Malloy Registrar.

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1932, to Aug 21, 1932  
I last saw him alive on Aug 21, 1932. 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:

Arterio Sclerosis Date of onset  
Died Sudden

92A Other contributory causes of importance:  
92A

Name of operation 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  
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) O B Davis, M. D.  
(Address) Walker mo

WHITE PLAINS, 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.

SEP 27 1932

