

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

Do not use this space.

28476

1. PLACE OF DEATH

10 County Boone Registration District No. 73
 9 Township Primary Registration District No. 3006
 8 City Columbia (No. University Hospital) St. Ward)

File No.
 Registered No. 207
 St. Ward)

2. FULL NAME

Dunnivant, Joseph
 (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 4 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) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 16, 1926
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
6 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
 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) Jefferson City, Missouri

13. NAME Dunnivant, Joseph

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Dunnivant, Eva

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Florence Oliphant
 (ADDRESS) University Hosp. Columbia

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Peters Cem. DATE 9/27/1932

19. UNDERTAKER Warrers 1110 Columbia, Mo.
 (ADDRESS)

20. FILED 9/26/1932 Allie Selby
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 25, 1932
 22. I HEREBY CERTIFY, That I attended deceased from Sept. 19, 1932, to Sept. 25, 1932.
 I last saw h. alive on Sept. 24, 1932. Death is said to have occurred on the date stated above, at 10:20 A.M.
 The principal cause of death and related causes of importance were as follows:

Tuberculosis Meningitis. 9/20/32 (estimated)
23A
24A 25B
26
 Other contributory causes of importance:
Tuberculous Spine, Hip and Knee & pulmonary tuberculosis.

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? 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 D

24. Was disease or injury in any way related to occupation of deceased? No.
 If so, specify
 (Signed) William J. Selway, M. D.
 (Address) Wages Hospital, Columbia, 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.

OC 24 1932

