

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

Do not use this space.

35219

1. PLACE OF DEATH
 31. County Davis Registration District No. 253
 Township Harrison Primary Registration District No. 5324
 City Colman Oliver Dunnington St. _____ Ward _____
 (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 50 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

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) Feb 14 1851
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
81 9 11

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Davis Co mo
 (STATE OR COUNTRY)

10. NAME OF FATHER Wm Dunnington
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) md.
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Elizabeth Osburn
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ray Co mo
 (STATE OR COUNTRY)

14. INFORMANT Ed Dunnington
 (Address) Buckhead Jones

15. FILED _____ 19 _____ REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 25 1932
 17. I HEREBY CERTIFY, That I attended deceased from Nov. 24 1932 to Nov 25 1932 that I last saw him alive on Nov 24 1932, and that death occurred, on the date stated above, at 6:30 P. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Arteriosclerosis
97 (duration) yrs. mos. da.
97
 CONTRIBUTORY (SECONDARY) _____ (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED D
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) A. G. Munnick M. D.
Dec 25, 1932 (Address) Rock Springs Mo
 *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Licklows Ametery DATE OF BURIAL Nov 27 1932
 20. UNDERTAKER Wm Gus Buckhead Jones ADDRESS _____

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JAN 18 1933

