

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

Do not use this space.

36750

1. PLACE OF DEATH

County Polk
Township Flemington
City (No.) St. Ward

Registration District No. 209
Primary Registration District No. 6291

File No.
Registered No.

2. FULL NAME

(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 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 18 1854

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
77 10 22

8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc.
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) Penn

13. NAME Thomas Dunmore

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

15. MAIDEN NAME Charlotte Dillis

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

17. INFORMANT (ADDRESS) Charlotte Schwesfeger
Mustain Town

18. BURIAL, CREMATION, OR REMOVAL PLACE Rondo Cemetery DATE Nov 13 1932

19. UNDERTAKER (ADDRESS) Ralph Joseph
Highmanville

20. FILED Nov 12 1932 Veda M. Schachen
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 10 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 6 1932 to Nov 10 1932

I last saw him alive on Nov 10 1932 Death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows:

Probable cerebral
Hemorrhage of the
of Brain - 92A
37
arterio Sclerosis
arterio Sclerosis
Date of onset

Name of operation none Date of
What test confirmed diagnosis? clinical 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, 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? no
If so, specify

(Signed) R. M. Neerins, M. D.
(Address) Highmanville Mo

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.

