WHITE PERMANENT, 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.

JAN 22 1933

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

Do not use this space.

38709

1. PLACE OF DEATH 14
County Cedar
Township Cedar
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 109
Primary Registration District No. 6168

File No. .....
Registered No. 549

2. FULL NAME Freda Newson Dunn

(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 Fem
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) 12/9 1932

7. AGE YEARS MONTHS DAYS 12 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) Mo 1

FATHER
13. NAME Illegitimate —
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) — 2 1

MOTHER
15. MAIDEN NAME Priscilla Dunn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 1

17. INFORMANT (ADDRESS) Priscilla Dunn

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Bloomfield DATE 12/21 1932

19. UNDERTAKER (ADDRESS) Ren. K. Hack New Bloomfield Mo

20. FILED Jan 10 1933 Ewell Rush Registrar.

MEDICAL CERTIFICATE OF DEATH

1

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/21 1932

22. I HEREBY CERTIFY, That I attended deceased from Died without Need attention, 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5-4 m.
The principal cause of death and related causes of importance were as follows:

Influenza 11B 11B ①

Date of onset 12/18 1932

Other contributory causes of importance:

Name of operation ..... 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) Ewell Rush, M. D.
(Address) New Bloomfield Mo