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.

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

Do not use this space.

82

1. PLACE OF DEATH
County Pike
Township Ashley
City Ashley (No. ..... St. ..... Ward)

Registration District No. 683
Primary Registration District No. 4407

File No. 41080
Registered No. .....

2. FULL NAME Martha Frances 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 Female
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 James R. Dunn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 6th 1858

7. AGE YEARS 74 MONTHS 9 DAYS 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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) Near New Hartford Mo. 1

FATHER
13. NAME Robert J. King
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Raleigh N. Carolina 2

MOTHER
15. MAIDEN NAME Sarah J. Trower
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Louisville Ky

17. INFORMANT (ADDRESS) Miss Addie Dunn Ashley Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Smyrna Cemetery DATE 12-13- 1932

19. UNDERTAKER (ADDRESS) Grace Bank Head Bowling Green Mo.

20. FILED 12-13, 1932 R. W. Hetherline Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 11th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jany 1st, 1932, to Dec 11th, 1932
I last saw her alive on Dec 10th, 1932 Death is said to have occurred on the date stated above, at 8 A. m.
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
730
Other contributory causes of importance:
Acute bronchitis ①

Date of onset

Name of operation ..... Date of .....
What test confirmed diagnosis? Physical findings 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) James R. Riggs, M. D.
(Address) Bowling Green, Mo.