

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

Do not use this space.

32103

1. PLACE OF DEATH

3 County Atchinson
Township Lincoln
City _____ (No. _____ St. _____ Ward _____)

Registration District No. 22
Primary Registration District No. 4016

File No. _____
Registered No. 9

2. FULL NAME Fred Dunham

(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 35 yrs. 6 mos. 16 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) Married
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5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Hattie Dunham
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April, 15th, 1868

7. AGE 65	YEARS 4	MONTHS 17	DAY 17	IT LESS than 1 day, _____ hrs. or _____ min.
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8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Indiana

PARENTS

10. NAME OF FATHER Aaron Dunham

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ind.

12. MAIDEN NAME OF MOTHER Mary Pritchard

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ind.

14. INFORMANT Paul Dunham

(Address) Westboro, Missouri

15. FILED 12 8 33

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct, 26, 1933

17. I HEREBY CERTIFY, that I attended deceased from June 1th, 1933, to June 5th, 1933, that I last saw him alive on June 5th, 1933, and that death occurred, on the date stated above, at 1.30 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetis.
Carcinoma of Esophagus.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Xray

(Signed) H. K. Wallace M. D.

, 19 _____ (Address) St. Joseph, Missouri

*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 <u>Center Grove Cemetery.</u>	DATE OF BURIAL <u>Oct, 28 19 33</u>
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20. UNDERTAKER <u>Scott Tucker</u>	ADDRESS <u>Westboro Missouri</u>
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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 important.

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(over)

Mr. Dunham was in to see me June 5th. He had ~~##~~diabetes and also ulcer of esophagus that ~~###~~ looked to be magliant. In absence of the family doctor I have been asked by Scott Tucker to fill this death certificate. As to which of ~~###~~ the ~~#####~~ above causes were responsible for his death I could not be sure.