

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

Do not use this space.

37282

JAN 26 1934

1. PLACE OF DEATH
 County Wesley Registration District No. 603
 Township Wesley Primary Registration District No. 4357
 City Northway (No. _____) St. _____ Ward _____

2. FULL NAME John Dunfee
 (a) Residence, No. Northway St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 16 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lade Dunfee (widow)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
41 3 12

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. Restaurant owner

10. Date deceased last worked at this occupation (month and year) 11-15-33 11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dalew Indiana

13. NAME Aquilla B Dunfee

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Winnemac Indiana

15. MAIDEN NAME Maudie Mary La Gant

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) De Estur Indiana

17. INFORMANT (ADDRESS) Lade Dunfee, Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Funston DATE 11-17-33

19. UNDERTAKER (ADDRESS) Jno J Parnish, N. Main, Mo.

20. FILED _____ 19 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1933 to Nov 16, 1933
 I last saw him alive on Nov 19, 1933 Death is said to have occurred on the date stated above, at 6:30 m.
 The principal cause of death and remote causes of importance were as follows:
Cardiac failure
fallon a blow down right
pleura a large blue spot on
right side of lung lead to
bone
 Other contributory causes of importance:
93.5

Name of operation None Date of _____
 What test confirmed diagnosis Autopsy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No Date of injury Nov 16, 1933
 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 blow
 Nature of injury blow

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) W. H. Egan M. D.
 (Address) Northway, Mo.

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.

22
1933

