

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

Do not use this space.

39333

1. PLACE OF DEATH

County Bentler

Registration District No. 92

Township Gills Bluff

Primary Registration District No. 5737

City (No.)

St. Ward

2. FULL NAME

(a) Residence, No. (Usual place of abode)

St. Ward.

Pauline R.R. 1
(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 <u>F.</u>	4. COLOR OR RACE <u>W-</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ephorah Dunham</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1856 Est.</u>		
7. AGE <u>77</u>	YEARS <u>Est</u>	MONTHS <u></u>
		DAYS <u></u>
		IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Okla -

13. NAME Not known

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

15. MAIDEN NAME " "

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

17. INFORMANT Chas. Dunham
(ADDRESS) Pauline Bluff mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Carola DATE 12-6 1933

19. UNDERTAKER Frank H. H. Co
(ADDRESS) Pauline Bluff mo

20. FILED 12/10 1933 Beet Cook
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-4 1933

22. I HEREBY CERTIFY, that I attended deceased from Dec 4 1933 to Dec 4 1933

I last saw him alive on Dec 4 1933 Death is said

to have occurred on the date stated above, at 6:00 P.M.

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

38 Malania Date of onset Dec 1-

Other contributory causes of importance:

38

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

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?

If so, specify

(Signed) Alfred R. R. Co M. D.

(Address) Pauline Bluff mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A LEGAL DOCUMENT

Any item of information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

JAN 26 1934

