

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

Do not use this space.

40986

1. PLACE OF DEATH

County Sheff
Township Rolla
City Rolla (No. _____) St. _____ Ward _____

Registration District No. 677
Primary Registration District No. 4403

File No. _____
Registered No. 106

2. FULL NAME

Francis Ann 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>fe.</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Joe Dunham</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 26 1854</u>		
7. AGE YEARS <u>79</u>	MONTHS <u>4</u>	DAYS <u>7</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>		
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 COUNTY) <u>Sheffs Co Mo</u>		
13. NAME <u>John A Sallee</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>		
15. MAIDEN NAME <u>Margaret Coffey</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>		
17. INFORMANT <u>Mr. J. Dunham</u> (ADDRESS) <u>Rolla, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Rolla</u> DATE <u>12-4</u> 19 <u>33</u>		
19. UNDERTAKER (ADDRESS) <u>Harry R. Walker</u> <u>Rolla, Mo.</u>		
20. FILED <u>Dec. 4</u> 19 <u>33</u> <u>Jos. F. Weyer</u> Registrar		

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 3 1933

22. I HEREBY CERTIFY, That I attended deceased from June 9 1933 to Dec 3 1933
I last saw her alive on May 17 1933. Death is said to have occurred on the date stated above, at 3 P m.
The principal cause of death and related causes of importance were as follows:
Senile Dementia

Date of onset
6-1-33

Other contributory causes of importance: no

Name of operation _____ Date of _____
What test confirmed diagnosis? None 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) S. R. Mitchell, M. D.
(Address) Rolla 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.

MARGIN RESERVED FOR BINDING

V. S. NO. 2

1934
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