

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY. PHYSICIANS should state EXACTLY.

*Martin*

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

Do not use this space.

7

**1. PLACE OF DEATH**

County Adair  
 Township \_\_\_\_\_  
 City Kirkville (No. \_\_\_\_\_)

Registration District No. 4  
 Primary Registration District No. 3501

File No. \_\_\_\_\_  
 Registered No. 4  
 St. 2 Ward \_\_\_\_\_

**2. FULL NAME**

Christena Dunham  
 (a) Residence, No. 1215 N. Franklin St., 2 Ward.

(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>Female</u>	4. COLOR OR RACE <u>White</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>George W. Dunham</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>5-22-1846</u>		
7. AGE	YEARS <u>87</u>	MONTHS <u>7</u>
	DAYS <u>16</u>	IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>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 COUNTRY) Ohio

13. NAME John Sturck

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

15. MAIDEN NAME Hannah

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

17. INFORMANT Mrs. Addie Dunham  
 (ADDRESS) 1215 N. Franklin St. Kirkville Mo

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE East Benton DATE 1-10- 1934

19. UNDERTAKER Dee Riley  
 (ADDRESS) Kirkville Mo

20. FILED Jan 9 1934 Spencer Freeman  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 8 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 31 1932 to Jan 7 1934  
 I last saw her alive on Jan 7 1934 Death is said to have occurred on the 7th stated above, at 7:00 A m.  
 The principal cause of death and related causes of importance were as follows:  
Arterial Sclerosis  
chronic Bronchitis  
not tubercular  
2nd  
106  
109  
 Other contributory causes of importance:  
Heart insufficiency  
sinus  
knobs

Date of onset 1931

Name of operation \_\_\_\_\_  
 What test confirmed diagnosis? Physiologist 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) J. C. Martin M. D.  
 (Address) 1215 N. Franklin St. Kirkville Mo

