

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.

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

Do not use this space.

MAR 24 1934

1. PLACE OF DEATH

County Buchanan,
Township _____
City St. Joseph,

Registration District No. 85
Primary Registration District No. 1001
(No. 1219 Charles,

File No. 4028
Registered No. 193
St. _____ Ward _____

2. FULL NAME Louise Dunn,

(a) Residence, No. 1219 Charles St., _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 72 yrs. 0 mos. 18 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>Divorced,</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Arthur Dunn,</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>January 28, 1862</u>		
7. AGE	YEARS	MONTHS
	<u>72</u>	<u>0</u>
		<u>18</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>Housekeeping,</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>At Home,</u>
	10. Date deceased last worked at this occupation (month and year) <u>February 1934</u>
	11. Total time (years) spent in this occupation <u>40</u>

12. BIRTHPLACE (CITY OR TOWN) Saint Joseph,
(STATE OR COUNTRY) Missouri,

FATHER
13. NAME Frank Marchain,
14. BIRTHPLACE (CITY OR TOWN) Orleans,
(STATE OR COUNTRY) France,

MOTHER
15. MAIDEN NAME Theresa Mauser,

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

17. INFORMANT Mrs. Ernestine Barron
(ADDRESS) 1219 Charles Street,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland Cemetery DATE Feb'y 19, 1934

19. UNDERTAKER Walter Betzels & Bowman
(ADDRESS) 319 So. 10th St. Funeral Home

20. FILED 2-17-34 John A. Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16th, 1934

22. I HEREBY CERTIFY That I attended & deceased from 22 January, 1934, to July 16th, 1934
I last saw her alive on 16th July, 1934. Death is said to have occurred on the date stated above, at 11:50 a.m.

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

Cardio-Vascular disease
(Valvular & Vascular Sclerosis)
9211
Central Embolus
Pulmonary Embolus
Other contributory causes of importance _____
1-30-34
2/16/34

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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) W. J. Glavin, M. D.

(Address) St. Joseph, Mo.

The following information was obtained from the records of the
 Department of the Interior, Bureau of Land Management, on
 the subject of the above-captioned tract.

The tract is situated in the County of [County Name], State of [State Name], and is
 bounded on the north by [Description], on the east by [Description],
 on the south by [Description], and on the west by [Description].

The tract is shown on the map of [Map Name] filed for record in the
 office of the County Clerk of [County Name] on [Date].

The tract is owned by [Owner Name], who is the holder of the
 title to the same.

The tract is subject to the following conditions:

1. The tract is subject to the easement of [Easement Name] in favor of [Beneficiary Name].
2. The tract is subject to the condition that [Condition Description].

The above information is true and correct to the best of the knowledge
 and belief of the undersigned.

[Signature]
 [Title]

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