MAR 24 1934

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

Do not use this space.

6041

1. PLACE OF DEATH
County Phelps
Township Rolla
City Rolla (No. ..., ... St. ..... Ward)

Registration District No. .....
Primary Registration District No. .....

File No. .....
Registered No. 16

2. FULL NAME James L. Dunn
(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 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 Elizabeth Dunn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 2, 1894

7. AGE Years 39 Months 3 Days 16 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Timber
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Buyer
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) Carter Co. Mo.

FATHER
13. NAME Morris Dunn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carter Co. Mo.

MOTHER
15. MAIDEN NAME Belle Garner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carter Co. Mo.

17. INFORMANT (ADDRESS) Mrs. L. Dunn Rolla, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rolla Mo. DATE 2/17 1934

19. UNDERTAKER (ADDRESS) Harry R. Williams Rolla, Mo.

20. FILED Feb. 16 1934 Jos. F. Ayers Registrar.

(2) MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10 30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accident	
Rail way engine lift car	
crushing his head	
and breaking limbs	

Other contributory causes of importance:

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 ....., 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? .....
If so, specify .....
(Signed) W. E. Lickliter Coroner M.D.
(Address) St. James Mo.

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.