

MAY 25 1934

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

Do not use this space.

12921

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. _____
Township North Primary Registration District No. 2002 Registered No. 1672
City A. C. No. 3808 East 19th St. St. _____ Ward _____

2. FULL NAME

John Henry Dungan
(a) Residence, No. 3808 E - 19th 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 Clara E. Dungan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-29-1860

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>73</u>	<u>6</u>	<u>13</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery

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) Illinois

13. NAME John Henry Dungan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

15. MAIDEN NAME Ann Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT Mrs. Clara E. Dungan
(ADDRESS) 3808 East 19th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Apr. 14-34

19. UNDERTAKER Mrs. C. L. Farster
(ADDRESS) 918 Brooklyn Ave

20. FILED 4-13 1934 M. M. Crowl
Regist. ant

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr-12-34

22. I HEREBY CERTIFY, That I attended deceased from 4/10 1934.
I last saw him alive on 3:30 P.M. 1934 Death is said to have occurred on the date stated above, at 4:15 A.M.
The principal cause of death and related causes of importance were as follows:
107A
Branchial Pneumonia
arteries & a deep
Other contributory causes of importance:
107A

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) Cecil H. Beard M. D.
(Address) 2007 18th St. S.W.

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.

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