

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

Do not use this space.

17502

1. PLACE OF BIRTH
 71 County Morgan Registration District No. 597
 Township Osage Primary Registration District No. 5742
 City _____ No. _____ St. _____ Ward _____

2. FULL NAME Emma J. 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 F.M. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 5-1922

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, hrs. or min.
	11	9	11	

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

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) Morgan Co. Mo.

13. NAME Wm Dunn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adair Co. Mo

15. MAIDEN NAME Jessie James

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co. Mo

17. INFORMANT (ADDRESS) Wm Dunn
Graves Mills, MO

18. BURIAL, CREMATION, OR REMOVAL PLACE At home DATE May 17 1934

19. UNDERTAKER (ADDRESS) W. F. Kidwell
Versailles, Mo

20. FILED 6/11 1934 W. T. Hatcher
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1934, to May 16, 1934.
 I last saw h. alive on May 16, 1934. Death is said to have occurred on the date stated above, at 4 A. m.
 The principal cause of death and related causes of importance were as follows:
acute enteritis Date of onset _____

Other contributory causes of importance:
measles

Name of operation none Date of _____
 What test confirmed diagnosis? gupter 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? no
 If so, specify _____
 (Signed) S. H. Newton M. D.
 (Address) Versailles 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.

JUN 25 1934

