

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 1001
City St. Joseph (No. Sunny Slope Hospt.)

File No. 19536
Registered No. 671
St. _____ Ward _____

2. FULL NAME Mollie Dunn

(a) Residence, No. 615 E. Colorado St. _____ Ward _____
(Usual place of abode)
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred 4 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>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Thomas Dunn</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>About 1914</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>20</u>	<u>Unknown</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</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	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lexington Missouri</u>			
	13. NAME <u>Ernest West</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Unknown</u>			
FATHER	15. MAIDEN NAME <u>Eddie Seick</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Unknown</u>			
17. INFORMANT <u>Thomas Dunn</u> (ADDRESS) <u>615 E. Colo Ave.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Odd Fellows Cem.</u> DATE <u>June 7, 1934</u>				
19. UNDERTAKER <u>Paul J. Clark</u> (ADDRESS) <u>5035 King Hill</u>				
20. FILED <u>6-7-</u> 19 <u>34</u> <u>John A. Bender</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6, 1934

22. I HEREBY CERTIFY That I attended deceased from April 26 1934 to June 6 1934
I last saw her alive on June 5 1934. Death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:
Pulmonary T. B.
23 A
23
Other contributory causes of importance: _____
Date of onset: _____

Name of operation _____
What test confirmed diagnosis? Laboratory (Blood) 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) Ag. Miller, M. D.
(Address) Phys. Berg mldg

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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JUL 21 1934

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MAR 2 1945