

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

Do not use this space.

1. PLACE OF DEATH

County Polk Registration District No. 701
Township Marion Primary Registration District No. 4422
City Bolivar (No. _____) St. _____ Ward _____

File No. 21505
Registered No. 37
St. _____ Ward _____

2. FULL NAME Thomas Hart Benton Dunnegan

(a) Residence, No. Bolivar Mo 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ella Dunnegan deceased</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 1 - 1842</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>92</u>	<u>2</u>	<u>18</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Banker</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Bolivar Mo</u>			
	10. Date deceased last worked at this occupation (month and year) <u>June 1934</u>			
11. Total time (years) spent in this occupation <u>62</u>				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>				
FATHER	13. NAME <u>Mathew Dunnegan</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>			
	15. MAIDEN NAME <u>Priscilla Akard</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>			
	17. INFORMANT <u>Dorothy Dunnegan McDaniel</u> (ADDRESS)			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bolivar Greenwood Cem</u> DATE <u>June 24</u> 19 <u>34</u>				
19. UNDERTAKER <u>Hutcheson-Blue</u> (ADDRESS) <u>Bolivar Mo</u>				
20. FILED <u>June 24</u> 19 <u>34</u> <u>J. H. Roberts</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19 1934

22. I HEREBY CERTIFY, That I attended deceased from May 17 1934 to June 19 1934
I last saw him alive on June 18 1934 Death is said to have occurred on the date stated above, at 8:50m. A M
The principal cause of death and related causes of importance were as follows:
Mitral Stenosis Date of onset About May 1934
92A
Other contributory causes of importance 92A
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 Chas H. Brown, M. D.
(Signed) _____ (Address) Fair Play 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.

84
2
6
JUL 13 1934

