

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City *St. Louis Mo* (No. *722 La Baume St*)

File No. **22568**
Registered No. **6405**
St. Ward)

2. FULL NAME *Sarah June Dunny*

(a) Residence, No. *722 La Baume St., 26* 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

Female

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

Benjamin Dunny

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

Mar 14 - 1865

7. AGE

YEARS *69*

MONTHS *3*

DAYS *13*

If LESS than 1 day, hrs. or min.

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

Housewife

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)

Indiana

13. NAME

Chas Lewis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Indiana

15. MAIDEN NAME

Ruthy Pigg

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Indiana

17. INFORMANT (ADDRESS)

*Benjamin Dunny
722 La Baume St*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Oak Grove* DATE *June 30, 1934*

19. UNDERTAKER (ADDRESS)

*Ry Leidner Ind Co
1147 N. Market St*

20. FILED

29 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 27, 1934*

22. I HEREBY CERTIFY, That I attended deceased from *February 1st 34* to *June, 27, 34*, 19.....

I last saw h. or alive on *June, 27, 34*, 19..... Death is said

to have occurred on the date stated above, at *10* p.m.

The principal cause of death and related causes of importance were as follows:

Abdominal Tuberculosis

Date of onset

*25
273 25*

Other contributory causes of importance:

Tuberculosis of right knee Joint.

Name of operation **none** Date of

What test confirmed diagnosis? **clinical** Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

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 **No**

(Signed) *W. H. Cleary*, M. D.

(Address) *1809 No 9th St.*

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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