

Bridges

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

Do not use this space.

23739

1. PLACE OF DEATH

County Clark
Township Madison
City (No.) St. Ward

Registration District No. 190
Primary Registration District No. 5269

File No.
Registered No. 42 St. Ward

2. FULL NAME

Roxanna 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 <u>F. M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (<u>write the word</u>) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Andrew Jackson Dunn</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 9, 1856</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>84</u>	<u>4</u>	<u>6</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</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	

MEDICAL CERTIFICATE OF DEATH

2
21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15, 1934
22. I HEREBY CERTIFY that I attended deceased from July 7, 1934 to July 15, 1934
I last saw h. alive on July 15, 1934 Death is said to have occurred on the date stated above, at 3 P.M.
The principal cause of death and related causes of importance were as follows:

Severely
Inertion
Other contributory causes of importance: 162

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clark Co. Missouri</u>
	13. NAME <u>Washington Evans</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>
	15. MAIDEN NAME <u>Olive Case</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>
	17. INFORMANT <u>Mrs. Lee Cox</u> (ADDRESS) <u>Wayland Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Fargo Co. Minn.</u> DATE <u>July 17, 1934</u>	
19. UNDERTAKER <u>Fred J. Parke</u> (ADDRESS) <u>Wayland Mo.</u>	
20. FILED <u>1/17</u> 19 <u>34</u> <u>J. H. Bridges</u> Registrar.	

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

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 Bridges M. D.
(Signed) W. H. Bridges
(Address) Wayland Mo.

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.

AUG 16 1934

WRITE PLAINLY, WITH OBTAINING

