

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

Do not use this space.

25188

1. PLACE OF DEATH

County Johnson
Township Medison
City Holden (No. _____)

Registration District No. 427
Primary Registration District No. 4253

File No. _____
Registered No. 39
St. _____ Ward _____

2. FULL NAME

Theodore G. Dunham
(a) Residence, No. Holden 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 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M.</u>	4. COLOR OR RACE <u>W.</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>Anna Laura Dunham</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 24 1899</u>			
7. AGE YEARS <u>77</u>	MONTHS <u>3</u>	DAYS <u>24</u>	IF LESS THAN 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Veterinarian</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Veterinarian</u>		
	10. Date deceased last worked at this occupation (month and year) <u>March 1932</u>		
		11. Total time (years) spent in this occupation <u>Life</u>	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Mo.

13. NAME
T. G. Dunham

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Don't know

15. MAIDEN NAME
Julia A. Jennaway

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Don't know

17. INFORMANT (ADDRESS)
J. H. Murray
17 Holden mo

18. BURIAL, CREMATION, OR REMOVAL PLACE
Holden DATE 7/20 1934

19. UNDERTAKER (ADDRESS)
J. H. Murray
Holden mo.

20. FILED July 19, 1934 J. H. Murray, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18 1934

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1934, to July 18, 1934
I last saw him alive on July 16, 1934. Death is said to have occurred on the date stated above, at 11:30 P. m.

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

Cerebral thrombosis

Date of onset
July 15 1934

Other contributory causes of importance:

arteriosclerosis

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 _____, 1934
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 _____ (Signed) J. H. Murray, M. D.
(Address) Holden, 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.

AUG 13 1934

