

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.

JUL 30 1934

**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.....) St..... Ward.....

26832  
File No. **706A**  
Registered No. ....  
St..... Ward.....

**2. FULL NAME** **Rev. George W Dunson.**  
**1910 Biddle St.**

(a) Residence, No. .... St. **21** Ward. .... (If nonresident, give city or town and State)  
(Usual place of abode)  
Length of residence in city or town where death occurred **5** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** Male **4. COLOR OR RACE** Colored **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)** Married  
**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** Elnora Dunson  
**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** 7/5/ 1889  
**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**45** - **8**

**8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.**  
**9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.** Minister  
**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)** Batenrouge La.

**13. NAME** John Dunson

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

**15. MAIDEN NAME** Nanscy Dawson

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

**17. INFORMANT** Elnora Dunson  
(ADDRESS) 1910 Biddle St.

**18. BURIAL, CREMATION, OR REMOVAL**  
PLACE Father Dickson Ave DATE 7-18 1934

**19. UNDERTAKER** Elba Funeral Home  
(ADDRESS) 2820 Stoddard St.

**20. FILED** 18 1934 19 Joe J. Bradeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** 7-13- 1934

**22. I HEREBY CERTIFY, That I attended deceased from July 12<sup>th</sup>, 1934, to July 13<sup>th</sup>, 1934**  
I last saw him alive on July 13<sup>th</sup>, 1934. Death is said to have occurred on the date stated above, at 6:30 a.m.  
The principal cause of death and related causes of importance were as follows:

**10 Labor Pneumonia**  
**108**  
Other contributory causes of importance: .....

Name of operation..... Date of.....  
What test confirmed diagnosis: **clinical** Was there an autopsy? **N.O.**

**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? N.O.**  
If so, specify.....

(Signed) **G. W. White**, M. D.  
(Address) **928 N. 14<sup>th</sup> St.**

