

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH **791**

Do not use this space.

1. PLACE OF DEATH

SEP 13 1934

1003

30918

County.....

Registration District No.....

File No.....

Township.....

Primary Registration District No.....

Registered No. **8181**

City **ST. LOUIS MO.**

No. **1910** E. GRAND BLVD.

St. Ward

2. FULL NAME

HARRY DUNNAVAN.

(a) Residence, No. **1910 EAST GRAND BLVD** Ward. **9**

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX **MALE** 4. COLOR OR RACE **WHITE** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **SINGLE.**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **8/8/1934** 19**34**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from **Aug 1**, 19**34**, to **Aug 7**, 19**34**

I last saw him alive on **Aug 7**, 19**34** Death is said to have occurred on the date stated above, at **8:30** a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **10/8/1881**

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

Diabetes Date of onset

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **RETIRED.**

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **ILLINOIS.**

Diabetes

13. NAME **LYCURTIS DUNNAVAN.**

Name of operation..... Date of.....

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

What test confirmed diagnosis?..... Was there an autopsy? **No**

15. MAIDEN NAME **ELLA TATMAN.**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury..... 19.....

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

Where did injury occur?..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT **L. W. ELLIOTT.** (ADDRESS) **1910 E. GRAND.**

Manner of injury.....

18. BURIAL, CREMATION, OR REMOVAL PLACE **MEMORIAL PARK** DATE **8/10/34** 19**34**

Nature of injury.....

19. UNDERTAKER **Provest Und. Co.** (ADDRESS) **102710 N. Grand Blvd**

24. Was disease or injury in any way related to occupation of deceased? If so, specify

20. FILED..... 19**34** **J. F. Bredbeck** Registrar.

(Signed) **C. Almy**, M. D.

(Address) **710 Century Bldg**

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.

313 N. 9th. 1-3
Dr. A. A. A.