

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.

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

Do not use this space.

1. PLACE OF DEATH

County Callaway
Township Fulton
City Fulton (No. _____, St. _____ Ward _____)

Registration District No. 104
Primary Registration District No. 3008

File No. 4546
Registered No. 29

2. FULL NAME Edward Dunham

(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>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>widowed</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 12, 1857</u>		
7. AGE <u>77</u>	YEARS <u>2</u>	MONTHS <u>24</u>
		DAY <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>Retired farmer</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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
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FATHER	13. NAME <u>J. H. Dunham</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>

MOTHER	15. MAIDEN NAME <u>Mary Newman</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>

17. INFORMANT <u>Carl Dunham</u> (ADDRESS) <u>Fulton, Mo.</u>
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18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Home</u> DATE <u>Feb 7, 1935</u>
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19. UNDERTAKER <u>Leo H. Wallace</u> (ADDRESS) <u>Fulton, Mo.</u>
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20. FILED <u>Feb 7, 1935</u> <u>W. M. Creech</u> Registrar.
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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1935 to Feb 6, 1935.
I last saw him alive on Feb 5th, 1935. Death is said

to have occurred on the date stated above, at 4:15 a.m.

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

Arteriosclerosis
Date of onset Jan 17, 1935

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

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? no
If so, specify _____

(Signed) H. J. Owen, M. D.
(Address) Fulton, Mo.

