

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.

MAY 29 1935

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

Do not use this space.

13339

1. PLACE OF DEATH

51 County Johnson
Township Warrensburg
City Warrensburg (No.)

Registration District No. 431
Primary Registration District No. 3023

File No.
Registered No. 47
St. Ward

2. FULL NAME

Joseph Owen Dunham
(a) Residence, No. St. Ward
(Usual place of abode)

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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-10-1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 5 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Signal Service R.P.C.
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) Newry Co. (STATE OR COUNTRY) Mo.

13. NAME W. S. Dunham

14. BIRTHPLACE (CITY OR TOWN) Dolk Co. (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Adelia V. Glaspie

16. BIRTHPLACE (CITY OR TOWN) Newry Co. (STATE OR COUNTRY) Mo.

17. INFORMANT Thomas Dunham (ADDRESS) Warrensburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL Sunset Hill PLACE DATE Apr-26-1935

19. UNDERTAKER Sweeney Phillips (ADDRESS) Warrensburg, Mo.

20. FILED Apr 26 1935 Evel Henry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr-24-1935

22. I HEREBY CERTIFY, That I attended deceased from Apr 24, 1935, to Apr 24, 1935. I last saw him alive on Apr 24, 1935. Death is said to have occurred on the date stated above, at 7:30 P.M.
The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis
Died with in one hr
after his attack
Date of onset Apr 24 1935

Other contributory causes of importance: Diabetes 59

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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 none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) John T. Anderson, M. D.
(Address) Warrensburg, Mo.

