

NOV 22 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

19214-1

1. PLACE OF DEATH

22 County Christian
 Township Tracy
 City Tracy (No.)

Registration District No. 184
 Primary Registration District No. 5255

File No.
 Registered No. 47 St. Ward

2. FULL NAME

(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (circle the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widowed
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18th 1863
 7. AGE YEARS 72 MONTHS DAYS 28 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 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) Michigan13. NAME Thos. W. Dunham14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York15. MAIDEN NAME Maria Stevens16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York17. INFORMANT (ADDRESS) Jane Dunham
Quark mo18. BURIAL, CREMATION, OR REMOVAL
PLACE Richmond DATE June 13th 193619. UNDERTAKER (ADDRESS) T. B. Chaffin
Quark mo20. FILED Nov 1 1936 Loretta Leonard
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11th 193522. I HEREBY CERTIFY, That I attended deceased from June 7th 1935 to June 11th 1935I last saw him alive on June 11th 1935 Death is saidto have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:Bronco-pneumoniaDate of onset 6-7-35

Other contributory causes of importance:
Cardio-vascular disease, perhaps
for two or more years.

Name of operation X Date of
 What test confirmed diagnosis? Physical Is there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? X Date of injury , 19
 Where did injury occur? X (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) T. B. Chaffin M. D.
 (Address) Quark mo

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.

