

OCT 17 1935

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

Do not use this space.

28890

1. PLACE OF DEATH

County Saline Registration District No. 125
Township South Butler Primary Registration District No. 4-4-4
City (No. 2154) St. _____ Ward _____

File No. _____
Registered No. 27

2. FULL NAME

Charles Elisha Dungan
(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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25, 1910

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
24 8 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attendant - State Hospital #1

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) Indiana

13. NAME E. P. Dungan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Nettie Wilston

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Ella Dungan (ADDRESS) Fulton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Willson Cemetery DATE Sept 14, 1935

19. UNDERTAKER Jag J. Wallace (ADDRESS) Fulton, Mo.

20. FILED 9-29, 1935 W. H. Williamson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 12th, 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Coroner's Jury verdict the deceased died of self inflicted shot gun wound in head.

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? suicide Date of injury 9/12/35

Where did injury occur? 1-1/2 mile - Gr. W. Inland - 19no. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. in brother's house on farm of W. E. Wilston.

Manner of injury _____ Nature of injury _____

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

(Signed) J. W. Johnson - Coroner
(Address) 8-E. 8th St. Fulton 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.

