

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

Do not use this space.

JAN 17 1936

40415

1. PLACE OF DEATH

County New Madrid  
Township Anderson  
City                     

Registration District No. 58  
Primary Registration District No. 6262

File No. 10  
Registered No. 1131  
Ward)                     

2. FULL NAME

James Melton Dunscomb

(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>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>                    </u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9-12-37</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
		<u>3</u>	<u>4</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) Weldon  
(STATE OR COUNTRY) Mo

13. NAME Elmer Dunscomb

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

15. MAIDEN NAME James

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

17. INFORMANT Elmer Dunscomb  
(ADDRESS) Weldon Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Stuffed DATE 12-17 (1936)

19. UNDERTAKER Randolph General Home  
(ADDRESS) Campbell Mo

20. FILED Jan 10, 1936 M. D. Musina  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-16, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-20, 1935, to 12-16, 1935

I last saw him alive on 12-13, 1935. Death is said to have occurred on the date stated above at 9:30 a.m.

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

Bronchial  
Pneumonia

Date of onset

Other contributory causes of importance:

1190

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?                      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                     

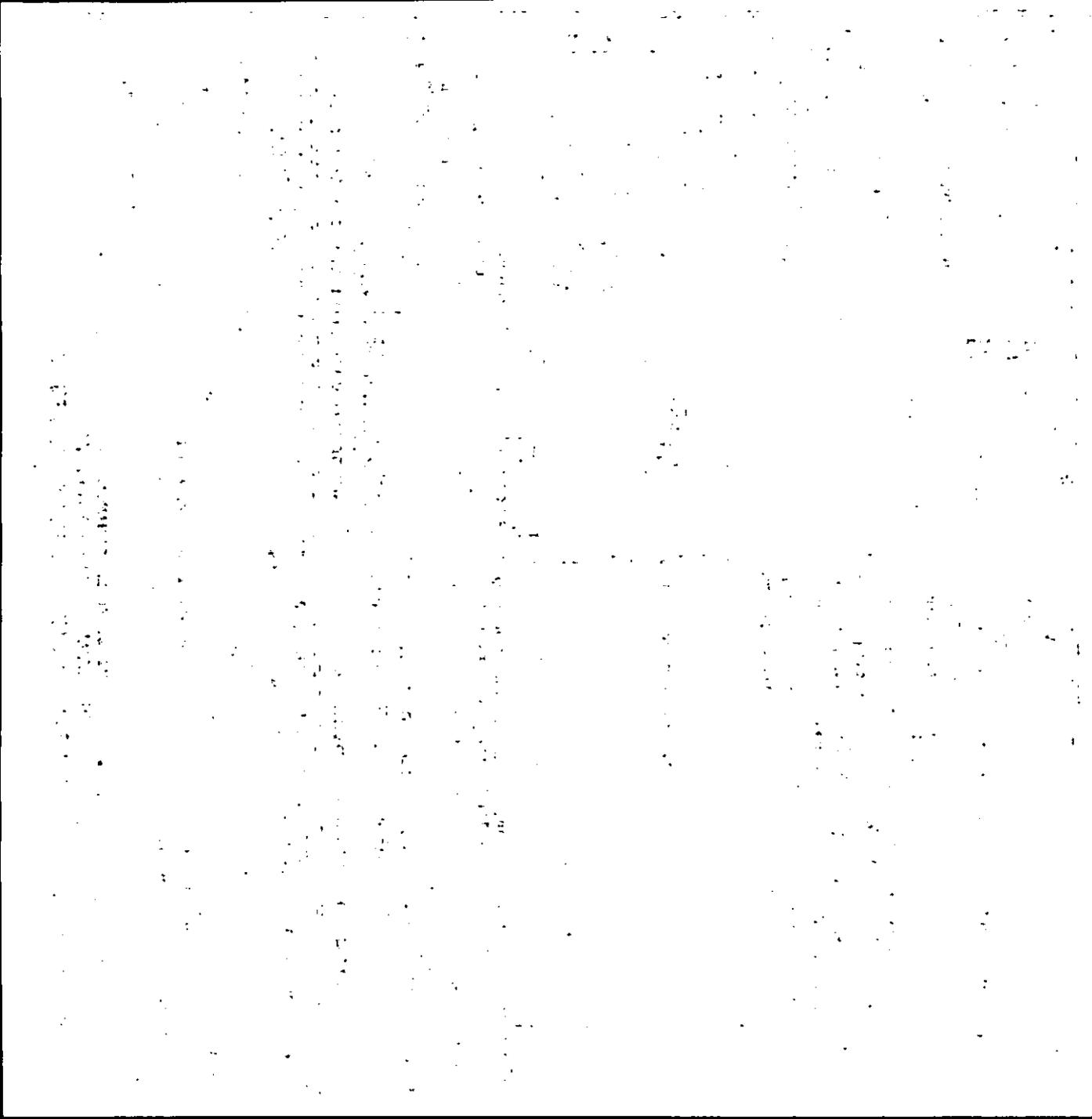
Nature of injury                     

24. Was disease or injury in any way related to occupation of deceased?                     

If so, specify                     

(Signed) Esso Fullerton, M. D.

(Address) Weldon Mo



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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County New Madrid  
Township Anderson  
City..... (No..... St..... Ward.....)

Registration District No. 5-5  
Primary Registration District No. 6267

File No. 10/11  
Registered No. 1131

**2. FULL NAME**

James Melton Bunscomb

(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 S (Use the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 38 13 4

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED Jan 10 1935 M. V. Munnaw Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-16-35

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:

Bronchial Pneumonia Date of onset

Myocardial Infarction  
Chronic Hypertension

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 cause (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?.....

If so, specify.....

(Signed) Reg. Tuleran, M. D.

(Address) Anderson

5-40415