WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

FEB 17 1936

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

Do not use this space.

327

1. PLACE OF DEATH
County Buchanan, Registration District No. ..... File No. .....
Township ..... Primary Registration District No. ..... Registered No. 127
City St. Joseph, (No. St. Joseph's Hospital St. ..... Ward)

2. FULL NAME Arthur B. Dunn,
(a) Residence, No. 108 North 2nd. Transient Bureau St., ..... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 35 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): Widowed,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Eva Dunn,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): October 1, 1866
7. AGE: YEARS 69 MONTHS 3 DAYS 29 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Hotel,
10. Date deceased last worked at this occupation (month and year): January 1936
11. Total time (years) spent in this occupation: 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Burlington, Iowa,

FATHER
13. NAME: Abner L. Dunn,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Scotland,

MOTHER
15. MAIDEN NAME: Unknown,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Pennsylvania,

17. INFORMANT (ADDRESS): Charles M. Holmes Burlington, Iowa,
18. BURIAL, CREMATION, OR REMOVAL
PLACE Burlington, Iowa DATE Feb'y 3, 1936
19. UNDERTAKER (ADDRESS): Heaton-McGale & Bowman 319 So. 10th St. Funeral Home
20. FILED FEB 3 1936 John R. Boucher Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): January 30th, 1936
22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936, to Jan 30, 1936
I last saw him alive on Jan 30, 1936. Death is said to have occurred on the date stated above, at 7:00 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic myocarditis | unknown |
| Chronic Endocarditis | unknown |

Other contributory causes of importance:
Chronic nephritis unknown

Name of operation ..... Date of .....
What test confirmed diagnosis? Hist, Lab & Exam 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) E. M. Shores, M. D.
(Address) 317 Kirkpatrick Bldg St. Joseph Mo.