

MAR 16 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

4639

1. PLACE OF DEATH

County BuchananRegistration District No. 85

Township

Primary Registration District No. 1001City St. Joseph(No. Missouri Methodist Hospital)

File No.

Registered No. 183

St. _____ Ward) _____

2. FULL NAME Maggie Dunham(a) Residence, No. 1503 Savannah Ave. St. _____
(Usual place of abode)

Ward. _____

(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

Female

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFWalter L. Dunham6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20, 1873.

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.62619

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Housewife9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.Own Home10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Bond County
Illinois

FATHER

13. NAME Fréd E. Colebert14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Unknown
France

MOTHER

15. MAIDEN NAME Katherine Buchanan16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Unknown
Illinois17. INFORMANT Walter L. Dunham
(ADDRESS) 503 Savannah Ave., St. Joseph18. BURIAL, CREMATION, OR REMOVAL Memorial Park Cem
PLACE St. Joseph Mo. DATE February 11, 193619. UNDERTAKER H. C. Sidonfaden
(ADDRESS) 1802 Union St., St. Joseph Mo.20. FILED 240-1936 J. M. R. Bussard
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 9, 193622. I HEREBY CERTIFY, That I attended deceased from
Dec. 1, 1935, to Feb. 9, 1936I last saw her alive on Feb. 8, 1936 Death is said
to have occurred on the date stated above, at 11:40 a.m.

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

Chronic Nephritis
GlaucomeDate of onset
Dec 1935

Other contributory causes of importance:

Arteriosclerosis
arterio Sclerotic heart
Arterio Sclerotic heartName of operation none Date of no
What test confirmed diagnosis? Lab. Tests 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 noneNature of injury none

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

If so, specify no(Signed) J. H. Thompson M. D.(Address) 825 - Charles Street, St. Joseph, 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.

