

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.

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

Do not use this space.

APR 23 1936

11923

1. PLACE OF DEATH

County Phelps Registration District No. 677
Towship..... Primary Registration District No. 4403
City Rolla (No. St. Ward)

File No.
Registered No. 35

2. FULL NAME

Mrs Iva Spradling Dunham

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/17/1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40 0 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Rolla Mo.

MOTHER FATHER 13. NAME Elisha Houston Spradling

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

15. MAIDEN NAME Mrs Carrie Aldred

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

17. INFORMANT (ADDRESS) J. A. Dunham

18. BURIAL, CREMATION, OR REMOVAL PLACE Rolla DATE 3/27 1936

19. UNDERTAKER (ADDRESS) Harry R. McEw
Rolla Mo

20. FILED March 27 1936 Joe. F. Ayers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March-25 1936

I HEREBY CERTIFY, That I attended deceased from July-5- 1936 to March 25- 1936

I last saw her alive on March 25 1936. Death is said to have occurred on the date stated above, at 1 P m.

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

Cardiovascular Renal Disease Date of onset 1921

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..... 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) S. L. Bayliss, M. D.
(Address) Rolla

