

APR 23 1936

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

Do not use this space.

11947

1. PLACE OF DEATH

County Jefferson
Township Jefferson
City St. Louis

Registration District No. 689
Primary Registration District No. 3033
(No. South 5th St)

File No. _____
Registered No. _____
St. 1 Ward)

2. FULL NAME

James Dunson
(a) Residence, No. North 3rd St. 1 Ward.

(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown 1880

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>56</u>	<u>Unknown</u>		

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

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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-7-36

22. I HEREBY CERTIFY, That I attended deceased from 3-6-36 to 3-7-36

I last saw him/her alive on 3-6-36 Death is said to have occurred on the date stated above, at 6:42 a.m.

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

Date of onset 9/4/35

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

FATHER

13. NAME James Dunson

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

MOTHER

15. MAIDEN NAME Mary Kehrer

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

17. INFORMANT (ADDRESS) James Dunson, 1045 Olive St, St. Louis, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis, Mo DATE March 10, 36

19. UNDERTAKER (ADDRESS) W. F. Dula, 1045 Olive St, St. Louis, Mo

20. FILED 3-17-36 J. C. Kelly Registrar.

Name of operation Chloroform Date of 3-7-36

What test confirmed diagnosis Chloroform 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) J. H. Miller, M. D.
(Address) Louisiana, 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.

