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.

MAY 22 1936

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

Do not use this space.

15975

1. PLACE OF DEATH
County Macon — Registration District No. 533 — File No.
Township — Primary Registration District No. 3027 — Registered No. 53
City Macon (No. , St. Ward)

2. FULL NAME Grace Dunkleberger
(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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) S
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apl 6-1906
7. AGE YEARS 30 MONTHS — DAYS 12 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, 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) Flat River Mo

FATHER
13. NAME Clarence E Dunkleberger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER
15. MAIDEN NAME Maud White
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Anabel Mo

17. INFORMANT (ADDRESS) Marie White Macon Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethel Cem DATE April 20 1936
19. UNDERTAKER (ADDRESS) Albert Skinner Macon Mo
20. FILED 4/27 1936 Leota Newton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1931, to April 18, 1936
I last saw her alive on Jan 9, 1936 Death is said to have occurred on the date stated above, at 5 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis, bilateral	Nov. 1930

Other contributory causes of importance: 23

Name of operation — Date of
What test confirmed diagnosis? X-ray + Sputum 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) P. P. Gonowdy M. D.
(Address) Macon Mo.