

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.

WRITE PERMANENT RECORD WITH UNFADING INK—THIS IS A PERMANENT RECORD

MAY 14 1936

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

Do not use this space.

1. PLACE OF DEATH

County Schuyler Co.
Township Independence
City Independence (No.)

Registration District No. 802
Primary Registration District No. 6147

File No. 18153

Registered No. St. Ward

2. FULL NAME

Erma 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 <u>F.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>M.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Glen Dunham</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 4-1913</u>		
7. AGE <u>22</u>	YEARS <u>6</u>	MONTHS <u>23</u>
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
OCCUPATION <u>Housewife</u>		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scotland Co Mo</u>	
FATHER	13. NAME <u>Leslie Winn</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Schuyler Co Mo</u>
MOTHER	15. MAIDEN NAME <u>Ocie Morgan</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Schuyler Co Mo</u>
17. INFORMANT <u>Leslie Winn</u> (ADDRESS) <u>Warming Ma</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Coff Bay</u> DATE <u>April 28 1936</u>	
19. UNDERTAKER <u>Lyle Moore</u> (ADDRESS) <u>Warming Ma</u>	
20. FILED <u>Apr 28 1936</u> <u>J. H. B. midex</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>April 27 1936</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>April 23 1936</u> to <u>April 26 1936</u> I last saw him alive on <u>April 26 1936</u> Death is said to have occurred on the date stated above, at <u> </u> m. The principal cause of death and related causes of importance were as follows: <u>Pneumonia</u> <u>acute Septicemia</u> <u>23</u> Other contributory causes of importance: <u>Possibly V.B.</u>
Name of operation <u>none</u> Date of <u> </u> What test confirmed diagnosis? <u> </u> Was there an autopsy? <u> </u>
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u> </u> Date of injury <u> </u> , 19 <u> </u> Where did injury occur? <u> </u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.
Manner of injury <u> </u> Nature of injury <u> </u>
24. Was disease or injury in any way related to occupation of deceased? If so, specify <u> </u> (Signed) <u>G. H. Van Osdol</u> <u>D.D.</u> (Address) <u>Greentop Mo.</u>

