

JUN 27 1936

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

Do not use this space.

21756

1. PLACE OF DEATH

County Vermon
Township O. Sage
City Vermon (No. 87/1)

Registration District No. 87/1
Primary Registration District No. 6/5-8

File No. 8
Registered No. 8
St. Vermon Ward Vermon

2. FULL NAME

(a) Residence, No. KFD #3 Rich Hill Ward Vermon
(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>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James H. Dunham</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 12 - 1859</u>		
7. AGE <u>76</u>	YEARS <u>5</u>	MONTHS <u>15</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housekeeper</u>		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) <u>Nashville</u>		
13. NAME <u>Allison Elmer</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Vermon</u>		
15. MAIDEN NAME <u>Elizabeth George</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Vermon</u>		
17. INFORMANT (ADDRESS) <u>May 9</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Vermon</u> DATE <u>May 9</u>		
19. UNDERTAKER (ADDRESS) <u>Vermon</u>		
20. FILED <u>May 10, 1936</u> <u>E. H. Murrer, M. R.</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 7 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr 24 1936 to May 7 1936
I last saw her alive on May 6 1936 Death is said to have occurred on the date stated above, 8:55 P.
The principal cause of death and related causes of importance were as follows:
Influenza
Purulent S. Blatter
Atherosclerosis
Date of onset 11/8

Other contributory causes of importance:
11/8

Name of operation 11/8 Date of 11/8
What test confirmed diagnosis? 11/8 Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 11/8 Date of injury 11/8
Where did injury occur? 11/8 (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 11/8
Nature of injury 11/8

24. Was disease or injury in any way related to occupation of deceased?
If so, specify 11/8
(Signed) 11/8 M. D.
(Address) 11/8

