MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

OCT 23 1936

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

Do not use this space.

34999

1. PLACE OF DEATH
County Miller — Registration District No. 561 — File No.
Township — Primary Registration District No. 4330 — Registered No.
City Eldon (No. ... St. ... Ward)

2. FULL NAME Dorthy Gladys Dusenbery
(a) Residence, No. ... St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, ~~WIDOWED~~, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Arthur Dusenbery

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 20 1908

7. AGE: YEARS 28 — MONTHS — DAYS 24 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
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): Missouri

FATHER
13. NAME: J. W. Justice
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Minnie Capps
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Arthur Dusenbery Eldon, Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Lamm DATE Sept. 15 1936

19. UNDERTAKER (ADDRESS): Phillips Funeral Home Eldon, Mo.

20. FILED Sept 15 1936 Belle Haynes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 14 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1936, to Sept 12, 1936
I last saw her alive on Sept 12, 1936 Death is said to have occurred on the date stated above, at 3:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1930

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? Lab & Clin 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) R. T. Russell, M. D.
(Address) Tuscumbia Mo