

WAR 18 1937

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

Do not use this space.

5700

1. PLACE OF DEATH

County Deer
Township Edmund
City Edmund

Registration District No. 266
Primary Registration District No. 8-373

File No. _____
Registered No. 7
St. _____ Ward _____

2. FULL NAME

Johnson Franklin 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 34 yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 20, 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
85 1 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Cold Springs
(STATE OR COUNTRY) Jefferson Mo.

13. NAME Edgar Clark Dunham

14. BIRTHPLACE (CITY OR TOWN) N Y state
(STATE OR COUNTRY)

15. MAIDEN NAME Rosebud Packard

16. BIRTHPLACE (CITY OR TOWN) New York
(STATE OR COUNTRY)

17. INFORMANT B. E. Dunham
(ADDRESS) Mountain View

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Street DATE 2/8/1937

19. UNDERTAKER H. O. Hobson
(ADDRESS) Edmund, Mo.

20. FILED 2/8/1937 H. E. Puckett
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1937, to Feb 2, 1937

I last saw him alive on Feb 2, 1937. Death is said to have occurred on the date stated above, at 5:30 p.m.

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

Lobar Pneumonia (Rt + Left) Date of onset Jan 27, 1937

Other contributory causes of importance: Influenza Jan 23, 1937

Name of operation None Date of _____
What test confirmed diagnosis? Test report 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 _____, 1937

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) H. E. Puckett, M. D.
(Address) Edmund, 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.

WHITE PLAIN, WITH CROWN

1 X7284

