

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

Do not use this space.

JUN 22 1937

20374

1. PLACE OF DEATH

County Jasper Registration District No. 411
 Township Jasper Primary Registration District No. 2002
 City Jasper No. 415 Club (If nonresident, give city or town and State)
 (Ward)

2. FULL NAME

(a) Residence, No. 415 Club St. _____ Ward. _____
 (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 m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) ✓

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mich 5-1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 2 4

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) Jasper Miss

13. NAME Earl A. Dunaway

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jasper Missouri

15. MAIDEN NAME Louise Bennett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jasper Miss

17. INFORMANT (ADDRESS) Earl A. Dunaway

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview DATE 5/11/37

19. UNDERTAKER (ADDRESS) Furbush Seed Co

20. FILED 5-11-1937 E. D. Jones Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-9 1937 to 5-9 1937

I last saw him alive on Head May 9 1937 Death is said to have occurred on the date stated above, at 9:30 P.M.

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

accidental death by suffocation Date of onset _____

Other contributory causes of importance: 182

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, ~~suicide~~ or homicide? accident Date of injury 5-9 1937

Where did injury occur? Jasper Miss (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Asphorium Theatre - (mother and)

Manner of injury suffocation

Nature of injury 4

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify (Signed) R. H. Mitchell G.P. M. D.

(Address) acting coroner of Jasper County

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.

