JUN 22 1937

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

Do not use this space.

1. PLACE OF DEATH
County Jasper — Registration District No. 411 — File No. 20389
Township — Primary Registration District No. 2002 — Registered No.
City Joplin (No. 2215 Murphy St. Ward)

2. FULL NAME Samuel A. Dunn
(a) Residence, No. 2215 Murphy 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. 10 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): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Pearl Dunn
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 28 1892
7. AGE: YEARS 44, MONTHS 8, DAYS 25 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Miner
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): Carroll County Arkansas

FATHER
13. NAME: A. K. Dunn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): W. Virginia

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

17. INFORMANT (ADDRESS): Earl Dunn, Joplin, Mo.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Purcell Cem DATE: May 26, 1937
19. UNDERTAKER (ADDRESS): Webb City Und. Co. Webb City, Mo.
20. FILED 5-24, 1937 Ed D James, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 23, 1937
22. I HEREBY CERTIFY, That I attended deceased from May 14, 1937, to May 25, 1937
I last saw him alive on May 14, 1937. Death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance: The nature of work mining.

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? ..... 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? Yes
If so, specify Probably contracted in mines
(Signed) ....., M. D.
(Address) Daniel R. Hill, 802 Main

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.

JAN 26 1950