NOV 17 1937

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

Do not use this space.

File No. 37587

Registered No. 49

1. PLACE OF DEATH
County Dunklin — Registration District No. 289
Township — Primary Registration District No. 4173
City Malden (No. ..... St. ..... Ward)

2. FULL NAME Mary Elizabeth Dunscomb

(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 ..... 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sam D. Dunscomb

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 2 - 1854

7. AGE: Years 83 | Months 0 | Days 5 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Tenn.

FATHER

13. NAME G. M. Hopper
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER

15. MAIDEN NAME Mary E. Daniels
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT Mrs. W. R. Anderson
(ADDRESS) Malden Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Malden DATE 10-8-1937

19. UNDERTAKER W. L. Craig
(ADDRESS) Malden Mo

20. FILED 10/8 1937 S. E. Mitchell
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 7 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 27th 1937 to October 7th 1937
I last saw her alive on Oct 6th 1937. Death is said to have occurred on the date stated above, at 7 a.m.,
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis Many years | |
| Edema of Brain | 10/1/37 |
| Injury to hip found due to fall | 9/27/37 |

Other contributory causes of importance

Name of operation None Date of ✓

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 9/27 1937
Where did injury occur? At her home Malden (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In home
Manner of injury Fall on concrete right hip
Nature of injury Fracture neck of femur

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) S. E. Mitchell, M. D.
(Address) Malden Mo.