JAN 10 1938

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

Do not use this space.

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File No.

Registered No. 11694

1. PLACE OF DEATH

County

Township

City

Registration District No.

Primary Registration District No.

(No. Barnard Skin & Cancer Hosp. St. Ward)

2. FULL NAME John Dunn

(a) Residence, No. 2325 Whittemore St., 23 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: Male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 4, 1874

7. AGE: YEARS 63 MONTHS 0 DAYS 3 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

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) Holt Summit, Mo.

FATHER

13. NAME M.D. Dunn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

MOTHER

15. MAIDEN NAME Frances Vincent

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) John Dunn % Jane Erwin Barnard S & C Hospital

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Louis DATE 12-9-37

19. UNDERTAKER (ADDRESS) W Richter 3800 Rutger

20. FILED DEC 20 1937 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-7-1937

22. I HEREBY CERTIFY, That I attended deceased from 12-3-1937, to 12-7-1937

I last saw him alive on 12-7-1937. Death is said to have occurred on the date stated above, at 10:55 a.m.

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

Carcinoma of larynx, with extensions to tongue and pharynx, far advanced.

Date of onset: Oct 1936

Other contributory causes of importance:

Name of operation Tracheotomy Date of 12-6-37

What test confirmed diagnosis? microscope 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?

If so, specify

(Signed) Charles Erwin, M. D.

(Address) 3720 Washington St Louis 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.

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