

JAN 15 1938

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

Do not use this space.

1. PLACE OF DEATH

10 County Boone Registration District No. 73
Township Columbia Primary Registration District No. 3006
3 City Columbia (No. Niedermeyer apts) Registered No. 44681
St. _____ Ward _____

2. FULL NAME

Frederick J. Lunn
(a) Residence, No. Niedermeyer apts 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 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 ✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-16-1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
82 9 22

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

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) New York ✓

13. NAME Archibal Lunn ✓

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan ✓

15. MAIDEN NAME Ballie Monroe

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

17. INFORMANT Harry J. Reardin

(ADDRESS) Marysville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Marysville, Mo. DATE 12-10 1937

19. UNDERTAKER Parker Furniture Co

(ADDRESS) Columbia, Mo.

20. FILED 12/9/37 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12, 8 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 25 1937, to Dec 8 1937

I last saw h. in alive on 12, 7 1937. Death is said to have occurred on the date stated above, at 1:15 p.m.

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

Carcinoma of Bladder Date of onset 1936

Other contributory causes of importance: 51

Name of operation no Date of _____

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury _____, 19 _____

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no

Nature of injury no

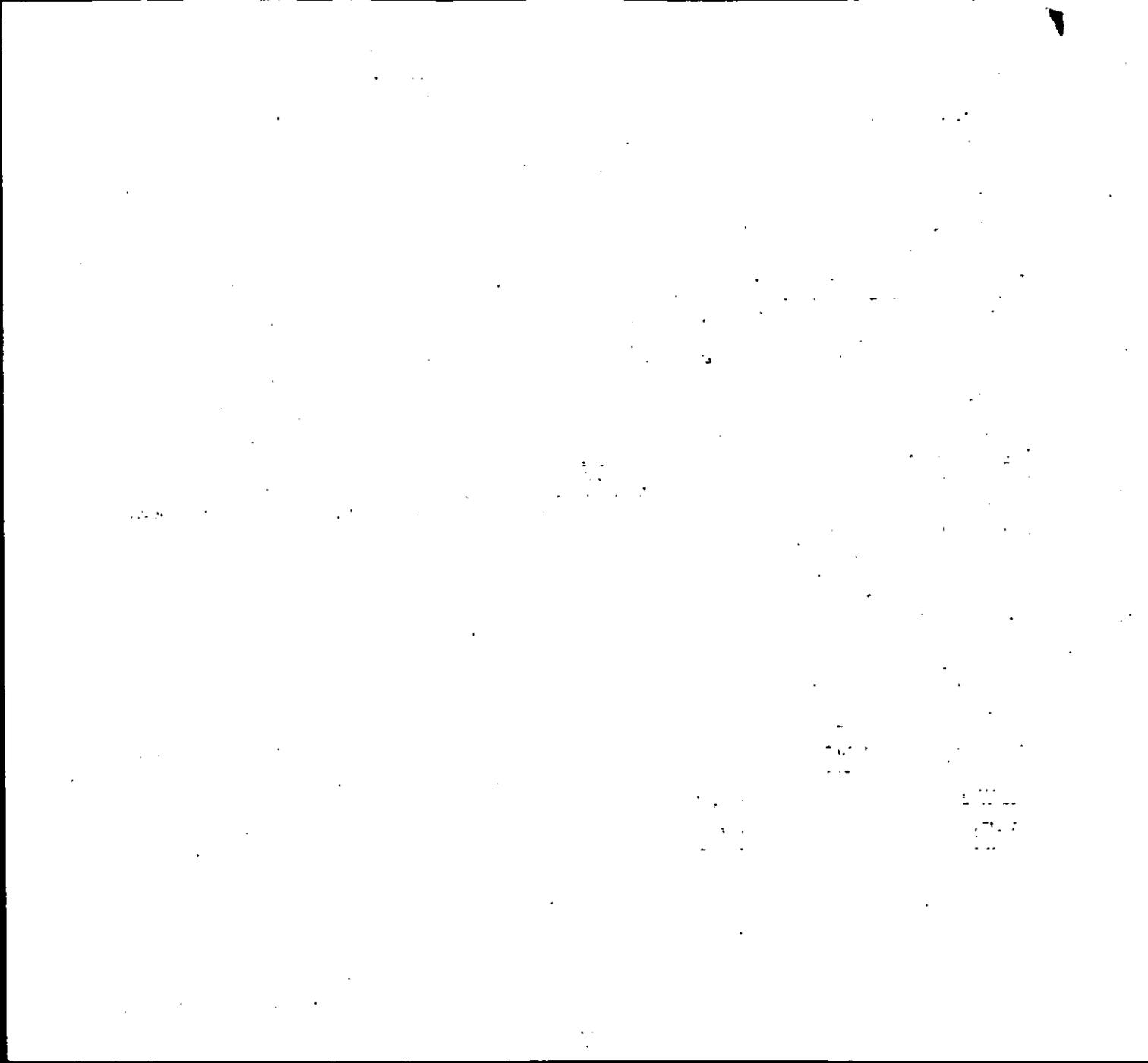
24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Adelbert Roberson M. D.

(Address) Columbia 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.



FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

44681A
Do not use this space.

1. PLACE OF DEATH

(a) County Boone Registration District No. 73
 (b) Township _____ Primary Registration District No. 3006 Registered No. _____
 (c) City Columbia (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Frederick J. Dunn

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>m</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Martha Dunn</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)			
7. AGE YEARS <u>82</u>	MONTHS <u>9</u>	DAYS <u>22</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		
	9. Industry or business in which work was done, as saw mill, bank, etc.		
	10. Date deceased last worked at this occupation (month and year) _____		
11. Total time (years) spent in this occupation _____			Date of onset
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____			
FATHER	13. NAME _____		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____		
MOTHER	15. MAIDEN NAME _____		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____		
17. INFORMANT (ADDRESS) _____			
18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19__			
19. FUNERAL DIRECTOR (ADDRESS) _____			
20. FILED <u>2/8/1939</u> <u>Allie Selby</u> Local Registrar.			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12 - 8 1937

22. I HEREBY CERTIFY, That I attended deceased from _____ 19__ to _____ 19__
 I last saw h. _____ alive on _____ 19__ Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

 Other contributory causes of importance:

 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? _____
 If so, specify _____
 (Signed) Redley E. Rabinett M. D.
 (Address) Columbia Mo.

SUPPLEMENTARY

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

