

JAN 20 1938

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

Do not use this space.

46129

File No. 23
Registered No. 23
St. _____ Ward _____

1. PLACE OF DEATH

County Montgomery
Township Wellspring
City Wellspring (No. _____)

Registration District No. 595
Primary Registration District No. 4353

2. FULL NAME

Edie Blanch Dungen

(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 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. \ mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED (husband or wife of) <u>John Dungen</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 14 - 1864</u>		
7. AGE	YEARS <u>73</u>	MONTHS <u>0</u>
	DAYS <u>16</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>	11. Total time (years) spent in this occupation <u>100</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>none</u>	
	10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Montgomery Co Mo</u>		
MOTHER	13. NAME <u>William S Johnson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>	
	15. MAIDEN NAME <u>Elizabeth Bentley</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Montgomery Co Mo</u>	
17. INFORMANT (ADDRESS) <u>Mrs Charles Raper Wellspring Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wellspring Mo</u> DATE <u>12-24-37</u>		
19. UNDERTAKER (ADDRESS) <u>A. B. Wells Wellspring Mo</u>		
20. FILED <u>Dec 22, 1937</u> <u>Mrs Mike McDermott</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 20, 1937

22. I HEREBY CERTIFY, that I attended deceased from July 25, 1937 to Dec 20, 1937

I last saw her alive on Dec 20, 1937 Death is said

to have occurred on the date stated above, at 11 P. m.

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

Pneumonia (hypostatic) Influenza

Other contributory causes of importance: 131

Intermittent nephritis

Name of operation none Date of _____

What test confirmed diagnosis? clinical 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? No

If so, specify _____

(Signed) A. G. Hays M. D.

(Address) Wellspring 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.

