

JAN 25 1938

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

Do not use this space.

46189



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

1. PLACE OF DEATH

County Wayne
Township Calumet
City _____ (No. _____)

Registration District No. 893
Primary Registration District No. 6196

2. FULL NAME

Louiza J. Dunn
(a) Residence, No. Louisa, Mo. Ward _____
(Usual place of abode)

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 ♀ 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED (write the name of the husband or (OR) WIFE OF) Josiah J. Dunn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 23 - 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
79 2 6

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

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) Ballinger Co. Mo.

13. NAME Wm Baker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glenn Allen Mo.

15. MAIDEN NAME Christina Rhodes

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

17. INFORMANT (ADDRESS) Albert Dunn Louisa

18. BURIAL, CREMATION, OR REMOVAL PLACE Turner Cemetery 3-30-1937

19. UNDERTAKER (ADDRESS) Cooper Funeral Home Greenville Mo.

20. FILED 1-3 1937 J. F. Sanders Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-29-37 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-23 1937, to 3-29 1937

I last saw her alive on 3-28 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:
Lobar Pneumonia Date of onset 3-22-37

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) O. G. Myers M. D.
(Address) Greenville, 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.

