

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

Do not use this space.

1. PLACE OF DEATH
 20 County Trenton Registration District No. 328
 4 Township Trenton Primary Registration District No. 3017
 2 City Trenton (No. _____) St. _____ Ward _____

2. FULL NAME Mrs Susan Jane Dunn 500
 (a) Residence, No. 1301 Trenton St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 2862

Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 George Dunn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 31, 1871

7. AGE YEARS 66 MONTHS 7 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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) Trenton County, Mo.

13. NAME John Willis Webster

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville, Ky.

15. MAIDEN NAME Sarah Elizabeth Carter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Trenton County, Mo.

17. INFORMANT Mrs Mable Webster (ADDRESS) Trenton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. P. Cemetery DATE Jan 26 1938

19. UNDERTAKER Hemphrey Funeral Home (ADDRESS) Trenton, Mo.

20. FILED 1-25-38 Frederic J. Law Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 24 1938

22. I HEREBY CERTIFY, That I attended deceased from May 19 1938, to Jan 24 1938

I last saw her alive on Jan 23 1938 Death is said to have occurred on the date stated above, at 4 a. m.

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

congestive myocardial failure of heart Date of onset 1-22-38

Other contributory causes of importance: 126
Operation for gallbladder drainage

Name of operation Gallbladder drainage Date of 1-20-38

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? _____ 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) D. R. Reeks _____, M. D.
 (Address) Trenton, Mo

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RECEIVED

FEB 24 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

2862
Do not use this space.

1. PLACE OF DEATH

(a) County Waunder Registration District No. 328
 (b) Township Wrenton Primary Registration District No. 3019 Registered No. _____
 (c) City Wrenton (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Susan Jane 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 7 23

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

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 _____, 19____

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 24 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 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:

Gall Stones + infected gall bladder DR. Rooks
 Other contributory causes of importance:
operation for gall bladder drainage

Name of operation Gall bladder drainage Date _____

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.R. Rooks, M. D.
 (Address) Wrenton

1938
S-2862