

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

Do not use this space.

1. PLACE OF DEATH
County Harrison Registration District No. 334
Township Bethany Primary Registration District No. 4197
City Bethany (No. St. Ward)
2. FULL NAME Nancy Catherine Dunham
(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 W. O. Dunham (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 19, 1885
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
82 4 25
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work
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) McBee (STATE OR COUNTRY) Missouri
13. NAME Abe Burton
14. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)
15. MAIDEN NAME Jane McFall
16. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)
17. INFORMANT W. O. Dunham (ADDRESS) Bethany Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Meriden Cemetery DATE Jan. 16, 1938
19. UNDERTAKER Joe E. Wheeler (ADDRESS) Bethany Mo
20. FILED 1-18-38 G. H. Welling Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 14, 1938
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:
Heart Embolism
Date of onset
Other contributory causes of importance:
Bronchial pneumonia
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? 4
If so, specify
(Signed) Joe E. Wheeler Coroner
Bethany Mo (Address)

RECEIVED

FEB 24 1938

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