

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

Do not use this space.

21

1. PLACE OF DEATH

County Washington
Township Bretas
City Potosi (No. _____ St. _____ Ward _____)

Registration District No. 589
Primary Registration District No. 6179

File No. 4472
Registered No. _____

2. FULL NAME

Jacobs Dunam 550

(a) Residence, No. _____ St. _____ 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ♂ 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1937-12-28

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
5

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

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) Potosi

13. NAME Jed Dunam

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bentley

15. MAIDEN NAME Bernice Skyes

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

17. INFORMANT (ADDRESS) Lucille Sparks

18. BURIAL, CREMATION, OR REMOVAL PLACE Potosi DATE Jan 4 1938

19. UNDERTAKER (ADDRESS) Sparks Potosi

20. FILED Jan 10 1938 G.F. Cassard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 3 1938

22. I HEREBY CERTIFY That I attended deceased from Dec 29 1937 to Jan 3 1938

I last saw her alive on Jan 3 1938. Death is said to have occurred on the date stated above, at 9 A. m.

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

Pneumo pneumonia Date of onset Dec 27

Other contributory causes of importance: 1078

Arteriosclerosis

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? Yes

If so, specify _____ (Signed) T. H. Dunphy, M. D.

(Address) Potosi

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.

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FEB 28 1938

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