REC'D MAY 10 1938

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

Do not use this space.

1. PLACE OF DEATH
County Audrain
Township Salt River
City
Registration District No. 26
Primary Registration District No. 5034
(No. R.F.D # 5 Mexico, Mo St. Ward)
File No. 13926
Registered No. 60

2. FULL NAME H. Jessie Dungan 52.5
(a) Residence, No. R. #5, Mexico, Mo. 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: Male
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: Nettie Dungan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 18, 1874

7. AGE: YEARS 64 | MONTHS - | DAYS 3 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) April 20, 1938
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Audrain County, Mo. 0

FATHER
13. NAME James Dungan 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky. 0

MOTHER
15. MAIDEN NAME Amanda McDonald
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Audrain County, Mo.

17. INFORMANT (ADDRESS) Floyd D ungan Mexico, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Union Chapel DATE 4/22/38, 19

19. UNDERTAKER (ADDRESS) Chas. Arnold Jr. Mexico, Missouri

20. FILED 4-22, 1938 Blanche Neely Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 21, 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:

Natural Causes (unknown)

Date of onset

Other contributory causes of importance: 2008

Name of operation ... Date of ...
What test confirmed diagnosis? ... 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? ...
If so, specify ...
(Signed) B. M. Marlow
(Address) Coroner, Audrain Co. Mo

23

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

X9314