

REC'D MAY 6 1938

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

14387
Do not use this space.

1. PLACE OF DEATH
 (a) County Clinton Registration District No. 204
 (b) Township Shoal Primary Registration District No. 3013
 (c) City Cameron (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 Frances Nelson Dunn 500
 (a) Residence, No. 514 West Cornhill 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 Female 4. COLOR OR RACE Colord 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4, 1852

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, _____ hrs. or _____ min. |
|-----------|----------|----------|-----------|--|
| <u>85</u> | <u>9</u> | <u>9</u> | <u>15</u> | |

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

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) Richmond, Mo.

FATHER
 13. NAME Thomas Johnson,
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville. Ky

MOTHER
 15. MAIDEN NAME Phoebe Johnson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville, Ky

17. INFORMANT Mrs Ida Phillips,
 (ADDRESS) Cameron, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Patrick Cemetery
Cameron, Mo DATE April 21, 1938

19. FUNERAL DIRECTOR O. A. Moore,
 (ADDRESS) ameron, Mo.

20. FILED Apr. 20th 1938 W. C. Riley
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL 19th 1938

22. I HEREBY CERTIFY, That I attended deceased from April 19, 1938, to April 19, 1938, 1938
 I last saw him alive on April 19, 1938. Death is said to have occurred on the date stated above, at 10:30 A. M.
 The principal cause of death and related causes of importance were as follows:
apoplexy
 Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) W. C. Riley, M. D.
 (Address) Cameron, 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.

STATEMENT BY LICENSED EMBALMER

O. A. Moore

II80

I, _____, Licensed Embalmer No. _____

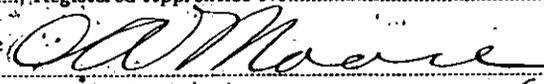
hereby certify that the body recorded on the reverse side of this certificate was embalmed by **O. A. Moore**

L. E. _____

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed _____



II80

Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)