

REC'D AUG 26 1938

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

26382
Do not use this space.

1. PLACE OF DEATH

(a) County St. Francois Registration District No. 771
(b) Township 1 Primary Registration District No. 4462 Registered No. _____
(c) City Bismarck (d) Street No. _____
(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

Mrs. Minnie E. Dunnam. 535
(a) Residence, No. Bismarck, Mo. St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White-Cauc. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8 - 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. J. E. Dunnam

22. I HEREBY CERTIFY That I attended deceased from June 15 - 1938 to July 8 - 1938
I last saw h. s. r. alive on July 7 - 1938. Death is said to have occurred on the date stated above, at 8 p. m.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29 - 1890
7. AGE YEARS 47 MONTHS 11 DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.

Date of onset

8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc. Housewife
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 _____

Cancer of Stomach.
Hb 12-

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

Other contributory causes of importance:
Ulcers of Stomach

13. NAME Hampton Huff

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iron County, Mo

15. MAIDEN NAME Miss Susie Campbell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iron County

17. INFORMANT (ADDRESS) J. Huff, Iron Co, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlaw, Hart Pine DATE July 9, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Alvin W. Stahl, Hart Pine, Mo

20. FILED July 9 - 1938 J. W. Gale, M.D. Local Registrar.

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) J. W. Gale, M. D.
(Address) Bismarck, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.