

REC'D OCT 18 1938

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

Do not use this space.

1. PLACE OF DEATH

County Adair
Township Salt River
City (No. _____) _____ St. _____ Ward _____

Registration District No. 4
Primary Registration District No. 5001

File No. 31565
Registered No. 158

2. FULL NAME

Charles A. Dunham 550

(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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 18 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 4 6

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

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) 1924 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Green Twp. Mo.

13. NAME Hubbard Dunham

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

15. MAIDEN NAME William Payton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adair Co. Mo.

17. INFORMANT (ADDRESS) Mrs. C. A. Dunham
Teacher.

18. BURIAL, CREMATION, OR REMOVAL PLACE Teacher Cemetery DATE Aug. 26 1938

19. UNDERTAKER (ADDRESS) F. R. Engley
Teacher, Mo.

20. FILED Sept 7 1938 Spencer Freeman Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 24 1938

22. I HEREBY CERTIFY That I attended deceased from Oct 1936 to Aug 1938

I last saw him alive on Aug 24 1938 Death is said to have occurred on the date stated above, at 5:30 p.m.

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

Chronic Myo-Carditis Date of onset 1936

Other contributory causes of importance:

Name of operation _____ Date of _____

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) H. M. Hays M. D. (Address) Teacher Mo.

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.

RECEIVED

District Health Officer No. 10

District File Number 10-38-205

Date Filed 10-11-38