

REC'D OCT 6 1938

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

33479
Do not use this space.

1. PLACE OF DEATH
 (a) County Stoddard Registration District No. 837
 (b) Township Castor Primary Registration District No. 6099
 (c) City Bloomfield (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 Burrel S. Dunn 500
 (a) Residence, No. _____ 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24, 1852
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 4 7
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) Kentucky
 FATHER 13. NAME John Dunn
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia
 MOTHER 15. MAIDEN NAME Not known
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known
 17. INFORMANT Ernest Dunn
 (ADDRESS) Bloomfield, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Bloomfield DATE Oct. 2 38
 19. FUNERAL DIRECTOR (NAME) Chiles Und. Company
 (ADDRESS) Bloomfield, Missouri
 20. FILED Oct. 4 1938 Loonie Turch
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 1, 19 38
 22. I HEREBY CERTIFY, that I attended deceased from Sept. 18 1938 to Sept. 16 1938
 I last saw him alive on Sept. 16 1938. Death is said to have occurred on the date stated above, at 10:15 a.m.
 The principal cause of death and related causes of importance were as follows:
Prostatitis & Cystitis Date of onset _____
 Other contributory causes of importance: 157
 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? No
 If so, specify _____
 (Signed) John Wilson M. D.
 (Address) Bloomfield, Mo.
375

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

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.