W. Rambo.

REC'D NOV 3 1938

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

35468
Do not use this space.

1. PLACE OF DEATH

(a) County Cole — Registration District No. 213

(b) Township — Primary Registration District No. 3014 — Registered No. 286

(c) City Jefferson — (d) Street No. St. Mary's Hospital 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.

5011

2. PRINT FULL NAME Curtis I. Dunn

(a) Residence, No. 1829 West Main 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

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sadie H. Dunn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June-12-1891

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	47	4	12	

OCCUPATION

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

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) Callaway County, Mo.

FATHER

13. NAME R.R. Dunn

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

MOTHER

15. MAIDEN NAME Fannie J. Stubblefield

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway County, Mo.

17. INFORMANT (ADDRESS) Mrs. Sadie H. Dunn, Jefferson City, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cemetery DATE Oct-26- 1938

19. FUNERAL DIRECTOR (NAME) Norbert Gordon
(ADDRESS) Jefferson City Mo

20. FILED 10/25/1938 [signature] M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 10/10/, 1938, to 10/24/, 1938

I last saw him alive on 10/24/, 1938. Death is said to have occurred on the date stated above, at 12 30 p.m.

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

Acute Broncho-Pneumonia

Date of onset

Other contributory causes of importance:
Cerebral Oedema,
Chr. Myocarditis,

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) W. W. Rambo, M. D.

(Address) Jeff. City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

APR 28 1953

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, Ferd P. Dulle, or by .....

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

Signed Ferd P. Dulle

Licensed Embalmer No. 3890

P. O. Address Jefferson City Mo

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

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