

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

LEAD APR 24 1939

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

Do not use this space.

1. PLACE OF DEATH

County Knott  
Township Shelton  
City 516 (No. 516)

Registration District No. 1029  
Primary Registration District No. 5602

11292

File No. 11292  
Registered No. 9  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

James Buchanan Dunbar

(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 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 16 1939

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Rusan Matthews

22. I HEREBY CERTIFY, That I attended deceased from May 1938 to Mar 16 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan - 29 - 1859

I last saw him alive on March 16 1939 Death is said to have occurred on the date stated above, at 5: A m.

7. AGE YEARS 80 MONTHS 1 DAYS 17 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.  
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) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

Nephritis  
12/1  
Date of onset May 1938

12. BIRTHPLACE (CITY OR TOWN; STATE OR COUNTRY) Joseph H. Dunbar

Other contributory causes of importance Myocardial disease

13. NAME Joseph H. Dunbar

14. BIRTHPLACE (CITY OR TOWN; STATE OR COUNTRY) Ray Mo

15. MAIDEN NAME Jane Arnold

16. BIRTHPLACE (CITY OR TOWN; STATE OR COUNTRY) up

17. INFORMANT Mrs James Dunbar  
(ADDRESS) Edna Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Novelty Mo DATE 3-18-1939

19. UNDERTAKER Paul Hudson  
(ADDRESS) Edna Mo

20. FILED Mar 18 1939 Mrs C M. Smith  
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) C O Holmes M. D.  
Novelty  
293 (Address)

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.

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RECEIVED

District Health Officer No. 10

District File Number 10-39-563

Date Filed APR 14 1939