

REC'D JUL 11 1939

751

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

21558

## 1. PLACE OF DEATH

County Buchanan

Township Washington

City St Joseph

Registration District No. 85

Primary Registration District No. 1001

(No. 1515 Paragon St. St. Joseph Mo.)

File No.

Registered No. 592

Ward)

## 2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Length of residence in city or town where death occurred

yrs.

mos. 22 ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

## 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

Elizabeth Dunham.

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

Dec 30, 1868

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

76

5

8

OCCUPATION

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

Teamster

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) Unknown.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Unknown. Kansas.

FATHER

13. NAME

James Dunham

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

Dont Know

MOTHER

15. MAIDEN NAME

Helen Cook

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

Unknown.

17. INFORMANT (ADDRESS)

H. O. Sidenfaden &amp; Son 1503 Savannah Ave. St. Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE

Ashland Cemetery St. Joseph Mo.

19. UNDERTAKER (ADDRESS)

H. O. Sidenfaden &amp; Son 1802 Union St. St. Joseph Mo.

20. FILED

6/10

1939

J. H. Testa Registrar

## MEDICAL CERTIFICATE OF DEATH

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

June 9, 1939

22. I HEREBY CERTIFY That I attended deceased from

May 18, 1939, to June 9, 1939.

I last saw him alive on June 4, 1939. Death is said

to have occurred on the date stated above, at 4 P. m.

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

Arteriosclerosis

Other contributory causes of importance

myocardosis

Name of operation

none

Date of

What test confirmed diagnosis?

Clinical

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

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)

State Hosp. #2

M. D.

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

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, Robert P. Clarkson Licensed Embalmer No. 4028

hereby certify that the body recorded on the reverse side of this

Certificate was embalmed by Robert P. Clarkson

or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

(Signed) Robert P. Clarkson

Licensed Embalmer No. 4028

1802 Union St  
St Joseph, Mo.

NOTE: The above MUST BE SIGNED BY THE LICENSED EMBALMER  
(Faint text to comply with above regulation)