6 23 1940

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

Do not use this space.

26501

File No. .....

Registered No. 4

1. PLACE OF DEATH

County Jasper

Township

City Rockaway Beach No. ..... St. ..... Ward)

Registration District No. 1065

Primary Registration District No. 6133

2. FULL NAME Nora Lecinda Dunn

(a) Residence, No. Rockaway Beach Ward No. ..... (If nonresident, give city or town and State)
(Usual place of abode)

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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jun. 15 1909

7. AGE: Years 31 | Months 10 | Days 13 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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 .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jasper Co. Mo.

FATHER

13. NAME John E. Hollingsworth

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

MOTHER

15. MAIDEN NAME Mary Dunn

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

17. INFORMANT (ADDRESS) M. A. Dunn

18. BURIAL, CREMATION, OR REMOVAL

PLACE Carterville Cem. DATE June 29 1940

19. UNDERTAKER (ADDRESS) E. C. Nye & Sister Joplin, Mo.

20. FILED July 21 1940 Lee Ahrs Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28 1940

22. I HEREBY CERTIFY, That I attended deceased from June 20 1940, to June 28 1940, I last saw h. alive on June 28 1940. Death is said to have occurred on the date stated above, at 6 a.m.

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

	Date of onset
Bronchopneumonia secondary to cirrhosis of liver, ruptured appendix or tuberculosis of lungs	6-20-40

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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) [illegible], M. D.

(Address) [illegible]

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 imp

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

100M 1-20-36 X7044

RECEIVED
District Health Office No. 4
District File Number 840-2474
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