

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

Do not use this space.

1265

1. PLACE OF DEATH

County Henry
 Township Whiteoak
 City Mich

Registration District No. 347
 Primary Registration District No. 5495

File No. _____
 Registered No. 14
 St. _____ Ward _____

2. FULL NAME

(a) Residence. No. R.R. # 25 St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. 10 mos. 23 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April, 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 09 07 — — —

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Cooper, Co., Mo.
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Nathan James Dunn

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Zulima Ogley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

14. INFORMANT (Address) Earl Dunn
316 S. Cheyenne Tulsa, Okla.

15. FILED Jan. 14, 1929 Dr. E. C. DeLoe REGISTRAR
per J.S.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 8 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1928, to Jan 7, 1929
 that I last saw him alive on Jan 6, 1929, and that death occurred, on the date stated above, at 4 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pnebar Pneumonia
Influenza
 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: at place of death

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical sig.
 (Signed) L. F. Smith, M. D.
 , 19 (Address) Wich MO

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Wichary Grove Cemetery DATE OF BURIAL 1-10-29

20. UNDERTAKER Harry Smith ADDRESS Wich MO

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.

1929

