

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

Do not use this space.

13067

1. PLACE OF DEATH
 County Henry Registration District No. 358
 Township Fairview Primary Registration District No. 5492
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Nancy Jane Dunning
 (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 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 14 - 1850

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>82</u>	<u>2</u>	<u>29</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 92 A

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 16

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

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

FATHER

13. NAME Henry Dunning

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

MOTHER

15. MAIDEN NAME Nansie Ann McFarland

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

17. INFORMANT Miss Liza Brown (ADDRESS) Deepwater, MO

18. BURIAL, CREMATION, OR REMOVAL _____ PLACE _____ DATE _____ 19

19. UNDERTAKER Dunning & Hunt (ADDRESS) Deepwater, MO

20. FILED 5-10 1933 Registrar J. G. Kullback

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-13, 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-3, 1933, to _____, 19____. I last saw him alive on 4-10, 1933. Death is said to have occurred on the date stated above, at 5 A m. The principal cause of death and related causes of importance were as follows:
Infernalities of
92 A
16
pharynx
 Date of onset _____

Other contributory causes of importance: 92 A

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) J. G. Kullback, M.D.
 (Address) Deepwater, 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.

MAY 22 1933

