

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

Do not use this space.

89.08-a

APR 27 1935

1. PLACE OF DEATH

County Henry

Registration District No. 347

Township Clinton

Primary Registration District No. 3018

City Clinton (No. 7)

N. Main

File No.

Registered No. 58

St. 2 Ward

2. FULL NAME Sarah 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 23-4-1935

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

22. I HEREBY CERTIFY, That I attended deceased from Oct. 10, 1929, to Mar. 24, 1935

I last saw her alive on Mar. 4, 1935. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) --1865

to have occurred on the date stated above, at 6 P. m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 70 - -

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

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

Cerebral Hemorrhage

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

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10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Other contributory causes of importance:

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

Chronic Myocarditis

MOTHER FATHER 13. NAME Ben Wilson

Name of operation Date of

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

What test confirmed diagnosis? Was there an autopsy? No.

15. MAIDEN NAME Unknown

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

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

Where did injury occur? (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) Erest Dunning Clinton, Mo.

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE Clinton DATE 3-6-35

Manner of injury

Nature of injury

19. UNDERTAKER (ADDRESS) Sims Funeral Home Clinton, Mo.

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify R. D. Halliguard M. D.

20. FILED 4-8 1935 J. R. Hampton Registrar.

(Address) Clinton Mo.

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 1 1960

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

Feb or Mar
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1. PLACE OF DEATH

County Henry Registration District No. 347
Township..... Primary Registration District No. 3018
City..... (No.....) Ward.....

File No.....
Registered No..... (Ward.....)

2. FULL NAME

(a) Residence, No..... St.,..... Ward.....

(Usual place of abode)

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY
(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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4, 1935

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

22. I HEREBY CERTIFY, That I attended deceased from....., 19..... to....., 19.....

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

I last saw him alive on March 4, 1935 Death is said to have occurred on the date stated above, at..... m.

7. AGE YEARS MONTHS DAYS 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.
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

Date of onset

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

Other contributory causes of importance:

13. NAME

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

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

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

15. MAIDEN NAME

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)

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

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS)

Manner of injury.....

18. BURIAL, CREMATION, OR REMOVAL PLACE Clinton Mo. DATE March 6, 1935

Nature of injury.....

19. UNDERTAKER (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased?.....

20. FILED

If so, specify..... (Signed)....., M. D.

Registrar

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

JUN 4 1953

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