

MAY 27 1935

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

Do not use this space.

12634

1. PLACE OF DEATH

County Henry
Township
City Deerwater, Mo.

Registration District No. 351
Primary Registration District No. 5423
4208

File No.
Registered No. 7
St. Ward

2. FULL NAME

Ella Martin Dunning
(a) Residence, No. St. Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Albert Dunning</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7-22-1864</u>		
7. AGE	YEARS	MONTHS
	<u>70</u>	<u>8</u>
		DAYS
		<u>29</u>
		If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
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 <u>life</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Madison, Illinois</u>		
13. NAME <u>Adam Fudge</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>		
15. MAIDEN NAME <u>Martha C. Wood</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
17. INFORMANT (ADDRESS) <u>Mrs. Strickland</u> <u>Deerwater, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pleasant Valley - 4-23-35</u>		
19. UNDERTAKER (ADDRESS) <u>W. Wilkinson</u> <u>Clinton, Mo.</u>		
20. FILED <u>5-70</u> 19 <u>35</u> <u>J. J. F. Russell</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-21, 1935
22. I HEREBY CERTIFY, That I attended deceased from April, 1934, to April 21, 1935
I last saw her alive on March 1, 1935. 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:

Carcinoma of uterus Date of onset 1933

Other contributory causes of importance:

Name of operation Hysterectomy Date of 1939
What test confirmed diagnosis? operation Was there an autopsy? No

28. 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? No
If so, specify

(Signed) S. P. Hughes, M. D.
(Address) E. Allen

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.

