OCT 22 1935

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

Do not use this space.

29048

1. PLACE OF DEATH
County Clay
Registration District No. 201
File No. 81
Township Liberty
Primary Registration District No. 5280
Registered No.
City
(No. St. Ward)

2. FULL NAME George W. Dunbar
(a) Residence, No. I.O.O.F. Home Liberty Mo St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 9 yrs. mos. 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 Alma Dunbar
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 7 - 1853
7. AGE YEARS 82 MONTHS 6 DAYS 5 If LESS than 1 day, ...hrs. or ......min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inmatey
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. I.O.O.F. Home
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) West Bridgewater Mass.

FATHER
13. NAME Simeon Dunbar
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mass.

MOTHER
15. MAIDEN NAME Elizabeth Holmes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mass.

17. INFORMANT Paul R. Rogers
(ADDRESS) Liberty Mo
18. BURIAL, CREMATION, OR REMOVAL I.O.O.F. Home cem
PLACE near Liberty Mo DATE 9/13/ 19 35
19. UNDERTAKER Church - Archer Co
(ADDRESS) Liberty Mo.
20. FILED 9/13 19 35 E T Brant Registrar.
Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from January 15, 1927, to Sept 12, 1935
I last saw him alive on Sept 10, 1935 Death is said to have occurred on the date stated above, at 7 a.m.
The principal cause of death and related causes of importance were as follows: Date of onset
Senility

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) L. W. Hawthorne, M. D.
(Address) Liberty 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.