

OCT 23 1935

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

Do not use this space.

29351

1. PLACE OF DEATH

County HENRY
Township Fairview
City Deep Water, Mo. (No.)

Registration District No. 95/92
Primary Registration District No. 37/92

File No.
Registered No. 14
St. Ward)

2. FULL NAME Lucy E. Dunning

(a) Residence, No. Deep Water, 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 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-27-1893

7. AGE YEARS 43 MONTHS - DAYS 18 If LESS than 1 day, hrs. or min.

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Birmingham, Mississippi

13. NAME G. W. Thompson

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

15. MAIDEN NAME Jessie Whitchell

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

17. INFORMANT (ADDRESS) Robert E. Dunning, Deep Water, MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Dunning Cem DATE 9-17-35

19. UNDERTAKER (ADDRESS) James H. Hays, Deep Water, MO

20. FILED 10-10 1935 J. P. Hensell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-13 1935

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

I last saw him alive on 19, Death is said

to have occurred on the date stated above, at 12:30 p.m.

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

Date of onset

Caused by metastatic
Had an operation
for cancer on left breast

Other contributory causes of importance:

50
Name of operation Amputated left breast Date of op. 9-11-35
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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. P. Hensell M. D.
(Address) Deep Water, 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.

