

JUN 27 1929

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

Do not use this space.

18861

1. PLACE OF DEATH

County Madison
Township Wesley
City Versailles (No.)

Registration District No. 598
Primary Registration District No. 4353

File No.
Registered No. 20
St. Ward)

2. FULL NAME

Isabel Dunn
(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 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) July 8th 1914

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
14 10 12

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work school girl
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 20th 1929

17. I HEREBY CERTIFY, That I attended deceased from May 17th 1929, to May 20th 1929 that I last saw her alive on May 20th 1929, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Spinal meningitis

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY)
710
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
WAS THERE AN AUTOPSY?.....
WHAT TEST CONFIRMED DIAGNOSIS
(Signed) H. E. Blackstone, M. D.
, 19 (Address) Versailles Mo. R. 1

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

10. NAME OF FATHER Ben Dunn

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Christ Thew

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT Mrs J. W. Loggins
(Address) Wesley Mo

15. FILED 3/21/29 19 W. N. Lutzman REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Hope well cemetery May 21st 1929

20. UNDERTAKER ADDRESS
Edwell Versailles Mo

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.

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