

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

Do not use this space.

25262

1. PLACE OF DEATH

County Mississippi Registration District No. 566 File No. _____
 Township Springfield Primary Registration District No. 3030 Registered No. 75
 City Charleston (In _____ St. _____ Ward)

2. FULL NAME

Mrs. Stella Elizabeth 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 40 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OR (or) WIFE OF Mrs. William Dunn

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 26-1887

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, _____ hrs. or _____ min.
<u>41</u>	<u>10</u>	<u>25</u>		

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

9. BIRTHPLACE (CITY OR TOWN) Mississippi Co. Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER John Phillips

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ky
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Agnes Kirkpatrick

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

14. INFORMANT J. W. Hymn
 (Address) Charleston Mo.

15. July 22 1929 J. S. Vernon
 REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/21/29 - 11:40
 17. _____

I HEREBY CERTIFY, That I attended deceased from July 21st 1929, to July 21st 1929, 1929
 that I last saw him alive on July 21st 1929, and that death occurred, on the date stated above, at 1:40 a.m. 1440

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Shock from 1498
wound.
Post-Partum Haemorrhage
 (duration) _____ yrs. _____ mos. _____ da.

CONTRIBUTORY (SECONDARY) Child Birth & Fibroid
Fibroid (duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED 1440

IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) W. Marshall, M. D.
 by July 21, 1929 (Address) Charleston Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL J.O.O.F. Cemetery DATE OF BURIAL 7/23 1929

20. UNDERTAKER The Fair Und. Co. ADDRESS Charleston Mo
by J. S. Vernon

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

87 1929
 4303

2
 31

Dr. J. H. H. H.