

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

Do not use this space.

11290
19

1. PLACE OF DEATH
94 County St. Francois Registration District No. 771
1 Township _____ Primary Registration District No. 4462
City Bismarck (No. _____) St. _____ Ward _____

2. FULL NAME Sarah Dunningan
(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

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 (OR) WIFE OF Frank Dunningan

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 8 - 1872

7. AGE YEARS MONTHS DAYS 58 3 13 LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House work
(b) General nature of industry, business, or establishment in which employed (or employer) 235
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iron County Mo

10. NAME OF FATHER Joe Kubler

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Iron Co Mo

12. MAIDEN NAME OF MOTHER Mandy Hickman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Iron Co Mo

14. INFORMANT Frank Dunningan
(Address) Bismarck Mo

15. FILED 4-10-1931 D. R. C. Kitchell
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 21 1931

17. I HEREBY CERTIFY, That I attended deceased from Mar 19 1931, to March 21 1931, that I last saw her alive on March 21 1931, and that death occurred, on the date stated above, at 1:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary tuberculosis
235
(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 235
(duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Chemical
(Signed) R. C. Kitchell M. D.

3-21-1931 (Address) Bismarck 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 Centerville Mo DATE OF BURIAL 3-22-1931

20. UNDERTAKER White & Sons ADDRESS Bismarck Mo

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.

APR 27 1931

