

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

Do not use this space.

1. PLACE OF DEATH

County Buckhorn
Township
City St Joseph, Mo

Registration District No. 85
Primary Registration District No. 1001

File No. 33660
Registered No. 1055

2. FULL NAME

(a) Residence, No. Ronald Eugene Dunham St. Weatherby, Mo. R.R. #1
(Usual place of abode)

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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 7-1920</u>		
7. AGE YEARS <u>11</u>	MONTHS <u>3</u>	DAYS <u>28</u>
		If LESS than 1 day, hrs. or min.

OCCUPATION

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

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) De Kalb Co. Mo.

FATHER 13. NAME Clark Dunham

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) De Kalb Co. Mo.

MOTHER 15. MAIDEN NAME Essie Noble

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) De Kalb Co. Mo.

17. INFORMANT (ADDRESS) Clark Dunham Weatherby, Mo. R.R. #1

18. BURIAL, CREMATION, OR REMOVAL PLACE Pattersonburg, Mo. DATE Oct 15 1931

19. UNDERTAKER (ADDRESS) Schumer Pattersonburg, Mo.

20. FILED OCT 14 1931 John R. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

3 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 15 1931

22. I HEREBY CERTIFY, That I attended deceased from 10/14 1931 to 10/15 1931
I last saw him alive on 10/15 1931. Death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:
Intestinal Obstruction 1948 (Date of onset 3/10/31)
1218
1920 121

Other contributory causes of importance:
Operation for suppurative appendicitis (Date of onset Apr 15 1920)

Name of operation Relieving Cholecystitis Date of 10/14/31
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) W. S. Morgan, M. D.
(Address) St Joseph, 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.

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