

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

Do not use this space.

442

1. PLACE OF DEATH
 13 County Saldwell Registration District No. 961
 4 Township _____ Primary Registration District No. 4058
 2 City Hamilton (No. _____) St. _____ Ward _____

2. FULL NAME Dwight 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

3. SEX male 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 Idea Dunn Divorced

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7 1865

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>28</u>		<u>7</u>	<u>17</u>	<u>6</u>

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

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) Kingston
 (STATE OR COUNTRY) Washington county

13. NAME Lemuel Dundy

14. BIRTHPLACE (CITY OR TOWN) Kentucky
 (STATE OR COUNTRY) _____

15. MAIDEN NAME Emma R. Dodge

16. BIRTHPLACE (CITY OR TOWN) New York
 (STATE OR COUNTRY) New York

17. INFORMANT (ADDRESS) W. B. Dunn

18. BURIAL, CREMATION, OR REMOVAL PLACE Kingston DATE June 20, 1933

19. UNDERTAKER (ADDRESS) Pettie L. Houghton
Hamilton, Mo.

20. FILED Jan. 20, 1933 Irene Kemper
 Registrar.

MEDICAL CERTIFICATE OF DEATH

3 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1933, to Jan 18, 1933
 I last saw him alive on Jan 18, 1933. Death is said to have occurred on the (date stated above, at 8:40 P.M.)
 The principal cause of death and related causes of importance were as follows:
Acute dilatation of heart.
Intestinal Inflammation
Epilepsy

Date of onset _____
 Other contributory causes of importance: _____
8 years.

Name of operation _____ Date of _____
 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) J. G. Boyseum M.D.
 (Address) Hamilton, 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.

**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Caldwell Registration District No. 96
 Township Hamilton Primary Registration District No. 4058
 (No.) St. Ward

File No.
 Registered No.
 St. Ward

2. FULL NAME

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
68 7 17

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19...

19. UNDERTAKER (ADDRESS)

20. FILED Jan 20 1933 Irene Kumpfer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 18 1933

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

I last saw h. alive on ... 19... Death is said to have occurred on the ... stated above, at ... m.

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

Date of onset

Other contributory causes of importance:

Name of operation Date of
 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) , M. D.
 (Address)

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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