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.

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

Do not use this space.

24323

1. PLACE OF DEATH

96 County Saint Louis — Registration District No. 789 — File No.

Township Central — Primary Registration District No. 60333 — Registered No. 212

City ..... (No. 8929 Windom Avenue St. ..... Ward)

2. FULL NAME John W. Dunn

(a) Residence, No. 8929 Windom St., ... Ward. (If nonresident, give city or town and State)
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17 1880

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
53	-	~~4~~ 3	

OCCUPATION

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

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) Florrisant Missouri

FATHER

13. NAME Patrick Dunn

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

MOTHER

15. MAIDEN NAME Cath. Hunt

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

17. INFORMANT (ADDRESS) Rosalie Dunn 8929 Windom Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sacred Heart Cem DATE July 24, 1933

19. UNDERTAKER (ADDRESS) Thomas J. Fenton 1519 South Grand Boulevard

20. FILED 7-21-1933 Rolla Bracy, MO Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20th, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 19th, 1933, to July 20th, 1933
I last saw him alive on July 20th, 1933. Death is said to have occurred on the date stated above, at 8 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7-19-33
82A	
97	
82A1	

Other contributory causes of importance:

Arterio sclerosis	1-1-32

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

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) H. T. Coleman, M. D.
(Address) Pattonville Mo.