MAY 25 1934

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

Do not use this space.

14166

1. PLACE OF DEATH
County St Louis — Registration District No. 790 — File No.
Township Central — Primary Registration District No. 6033a — Registered No. 124
City Clayton (No. St Louis Co Hosp St. Ward)

2. FULL NAME Dunn Wm
(a) Residence, No. 9000 Housakamp 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) Child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-14-1934
7. AGE YEARS MONTHS DAYS 15 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) Jennings Missouri

FATHER
13. NAME John Dunn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maylor Missouri

MOTHER
15. MAIDEN NAME Georgia Powell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.

17. INFORMANT (ADDRESS) John Dunn 9000 Housakamp Jennings Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Friedens Cemetery DATE April 30, 1934
19. UNDERTAKER (ADDRESS) Mark Hermann Son 2161 E. Fair Ave.
20. FILED April 30, 1934 Robt. J. Ambrester Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-29, 1934
22. I HEREBY CERTIFY, That I attended deceased from 4-28, 1934, to 4-29, 1934
I last saw h. 1122 alive on 4-29, 1934. Death is said to have occurred on the date stated above, at 10 15 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
1526	
158	

Other contributory causes of importance:
Dehydration
Diarrhea

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) G. E. Zukovich M. D.
(Address) St Louis County Hosp Clayton 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.