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

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File No. 40049
Registered No. 341

1. PLACE OF DEATH

County: Marion — Registration District No. 547
Township: Mason — Primary Registration District No. 3029
City: Hannibal, Mo. (No. ..., ... St. ..... Ward)

2. FULL NAME Henry Wilson Dunn

(a) Residence, No. Palmyra, Mo. 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	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 Lillie Gibson

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

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
69	11	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Indianapolis, Ind.

FATHER
13. NAME Henry Clay Dunn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Sophina Jones
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT (ADDRESS) Arthur Dunn. Hannibal, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Philadelphia DATE Nov. 30, 1934

19. UNDERTAKER (ADDRESS) Lewis Brothers Palmyra, Mo.

20. FILED Dec. 3, 1934 R. W. Isbister Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1934 Nov. 28, 1934
I last saw him alive on Nov. 28, 1934 Death is said to have occurred on the date stated above, at 3:15 A. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral embolism	

Other contributory causes of importance:
Embolism to left popiteal artery.
Malnutrition & Dehydration.

Name of operation ..... Date of .....
What test confirmed diagnosis? Clin. 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) J. J. Reichmann, M. D.
(Address) Hannibal, 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.