

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

Do not use this space.

APR 7 1935

8626

1. PLACE OF DEATH  
32 County Dick Registration District No. 263  
Township Dallas Primary Registration District No. 5265  
City St. Louis No. 19 St. 19 Ward 19

2. FULL NAME Corva Ann Dunham  
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 16 - 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
41 2 1

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

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         

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-17 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-3 1934 to 3-17 1935  
I last saw him alive on 3-17 1935. Death is said to have occurred on the date stated above, at 11:50 P. m.

The principal cause of death and related causes of importance were as follows:  
Mitral Regurgitation  
Date of onset 1900

Other contributory causes of importance:  
        

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dick Co. Ind.

13. NAME John Dunham

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

15. MAIDEN NAME Jadie Clark

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dick Co. Ind.

17. INFORMANT John Dunham (ADDRESS) Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL          DATE 3/19/35

19. UNDERTAKER (ADDRESS) W. S. P.      Marshall, Mo.

20. FILED April 10 1935 James Fitzgerald Registrar.

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? No.  
If so, specify           
(Signed) W. S. P. M. D.  
(Address) Marshall, 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.

