JAN 18 1936

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

Do not use this space.

1. PLACE OF DEATH
County: Jackson
Township: Blue
City: Cement City (No. 55 B. Cement City St. Ward)

Registration District No. 398
Primary Registration District No. 5554

File No. 39448
Registered No. 395

2. FULL NAME: Otis Dunn
(a) Residence, No. 55 B - Cement City 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: Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Fern Dunn
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 14, 1902
7. AGE: Years 33 Months 4 Days 6 If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
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): Rolton Texas

FATHER
13. NAME: Sidney Dunn.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Texas.

MOTHER
15. MAIDEN NAME: Jessie Patterson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Texas

17. INFORMANT (ADDRESS): Fern Dunn 55 B. Cement City
18. BURIAL, CREMATION, OR REMOVAL PLACE Bonney Spgs Ks. DATE 12/30 1935
19. UNDERTAKER (ADDRESS): Hotkins Bros. 1729 Lyndale Ave
20. FILED 12-30 1935 J. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12/20 1935
22. I HEREBY CERTIFY, That I attended deceased from Dec 17 1935 to Dec 20 1935
I last saw living on Dec 20 1935. Death is said to have occurred on the date stated above, at 8 20 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia Acute	12-17

Other contributory causes of importance:

Cardiac Failure	12-20

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) S. H. Griffin M. D.
(Address) Independence 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD