

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.

AUG 24 1936

1. PLACE OF DEATH

County Madison
Township White Cloud
City _____ (No. _____)

Registration District No. 617
Primary Registration District No. 5818

File No. 27480
Registered No. 12 Ward _____

2. FULL NAME

(a) Residence, No. Farm St. _____ Ward _____

(Usual place of abode) _____ (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 28 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July-25-1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
48 11 20

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) Near Graham (STATE OR COUNTRY) Mo.

13. NAME Stephens S. Dunn

14. BIRTHPLACE (CITY OR TOWN) Marion (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Rachel M. Smith

16. BIRTHPLACE (CITY OR TOWN) Springfield (STATE OR COUNTRY) Ill.

17. INFORMANT Miss Susie Dunn (ADDRESS) #1 Barnard Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE 2407 Con. Highway DATE 7-16 1936

19. UNDERTAKER J. Fred Terhune (ADDRESS) 3000 W. 11th St. Mo.

20. FILED 7/15 1936 Chas. D. Humboldt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16 1936

22. I HEREBY CERTIFY That attended deceased from _____

First saw _____ since _____ Death is said to have occurred on the date stated above, at about 1:00 am.

The principal cause of death and related causes of importance were as follows:

Suicide by hanging
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Other contributory causes of importance: _____

Name of operation no Date of _____

What test confirmed diagnosis? None Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Suicide Date of injury July 16 1936

Where did injury occur? White Colored Township (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. at home

Manner of injury hanging by neck

Nature of injury Death

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____ (Signed) John Tullish, Jr. for the Coroner (Address) Barnard Missouri

John Fullach, ~~Director~~ of the Peace
at request of ~~business~~ office
The coroner out of court -

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