REC'D APR 7 1938

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

Do not use this space.

1. PLACE OF DEATH
County Howell — Registration District No. 384 — File No. 10937
Township — Primary Registration District No. 4227 — Registered No.
City West Plains, (No. ..., ... St. ..... Ward)

2. FULL NAME JOSHUA X. DUNN 500
(a) Residence, No. Leyda Ave. St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 16 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) Married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17, 1857

7. AGE YEARS 80 MONTHS 9 DAYS 17 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck 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) Feb. 1936
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray County Missouri.

FATHER
13. NAME Wm. Dunn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bryantsville, Ky.

MOTHER
15. MAIDEN NAME Bell Burnside
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Garrey County Ky.

17. INFORMANT Joe H. Dunn
(ADDRESS) West Plains, Mo.

18. BURIAL, CREMATION, OR REMOVAL Oak Lawn Cem.
PLACE West Plains, Mo. DATE Mar. 6, 1938

19. UNDERTAKER Hal Thornburgh
(ADDRESS) West Plains, Mo.

20. FILED 3-6 1938 Vida W Simons Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-16-, 1938, to 3-4-, 1938
I last saw him alive on 3-4-, 1938. Death is said to have occurred on the date stated above, at 10 00 p.m.
The principal cause of death and related causes of importance were as follows:

Chronic pyelonephritis

Date of onset

133 A

Other contributory causes of importance:
Senility

Name of operation ..... Date of .....
What test confirmed diagnosis? Exam 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? No
If so, specify .....
(Signed) E. C. Bohrer, M. D.
344 (Address) West Plains, 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.