

REC'D OCT 18 1938

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

Do not use this space.

1. PLACE OF DEATH

County Dunklin Registration District No. 85 File No. 31759
Township 1 Primary Registration District No. 1011 Registered No. 966
City St. Joseph (No. 1011) St. Mary Hospital St. 1 Ward 1

2. FULL NAME

John Dunham 556
(a) Residence, No. Mercy Hosp. Ward. Albany Mo.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 6 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 Sadie Dunham
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 12, 1865
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 10 5

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. Gen. Farming
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisiana13. NAME Barton J. Dunham14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio15. MAIDEN NAME Sarah Starnel16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisiana17. INFORMANT (ADDRESS) Clark Dunham18. BURIAL, CREMATION, OR REMOVAL St. Joseph, Mo. DATE 9/30 193819. UNDERTAKER (ADDRESS) W. G. Ricketts20. FILED 9/19 1938 H. J. Wittelbach Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-17-1938

22. I HEREBY CERTIFY, That I attended deceased from

9-11- 1938, to 9-17- 1938I last saw him alive on 9-17- 1938 Death is saidto have occurred on the date stated above, at 6:45 P. M.

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

Acute Pericarditis Date of onset 9-17-38Other contributory causes of importance: 108
Labar Pneumonia 9-1-38Name of operation None Date of ---What test confirmed diagnosis? Lab. Was there an autopsy? Yes

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? Yes

If so, specify.....

(Signed) W. G. Ricketts(Address) Mercy Hospital

STATEMENT BY LICENSED EMBALMER

I, C. T. Pilcher, Licensed Embalmer No 3960
hereby certify that the body recorded on the reverse side of this
Certificate was embalmed by C. T. Pilcher
or by _____, Registered Apprentice No _____
(Signed) C. T. Pilcher
Licensed Embalmer No 3960

NOTE: This certificate must be signed by the licensed embalmer in his own handwriting.
(Faint text below note is illegible)