

MO 26 1938

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

Do not use this space.

1. PLACE OF DEATH

County Reynolds
Township Black River
City (No. _____) St. _____ Ward _____

Registration District No. 747
Primary Registration District No. 597

File No. 33134
Registered No. _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

Helen Gustava Dunn 55

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1938 to Sept 21 1938

I last saw her alive on Sept 20, 1938. Death is said to have occurred on the date stated above, at 11:00 a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-30-1937

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
8x 24

Enteritis Date of onset _____

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

Other contributory causes of importance:
Renal catheter

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Black mo. U.S.

13. NAME Earnest Dunn

Name of operation None Date of _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reynolds Co Mo. U.S.

What test confirmed diagnosis? Culture Was there an autopsy? _____

15. MAIDEN NAME Virgie Clayton

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Black mo. U.S.

Where did injury occur? _____ (Specify city or town, county, and State)

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

17. INFORMANT (ADDRESS) _____

Manner of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Salts DATE 9/27 1938

Nature of injury _____

19. UNDERTAKER (ADDRESS) None

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

20. FILED 9/24 1938 ms. D.D. Pyle Registrar

(Signed) E. M. H. Patrick, M. D.
(Address) Leeds, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

