REC'D JUL 17 1939

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

Do not use this space.

1. PLACE OF DEATH

County Bollinger — Registration District No. 66 — File No. 21495

Township Lorance — Primary Registration District No. 5102 B — Registered No.

City Lutesville (No. ..... St. ..... Ward)

2. FULL NAME James Pinkney Dunn

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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.

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: Fannie Dunn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 1849.

7. AGE: YEARS 89 — MONTHS 9 — DAYS 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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) (STATE OR COUNTRY): Bollinger Co.

FATHER

13. NAME: [illegible] H. Dunn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): North Carolina

MOTHER

15. MAIDEN NAME: Marry Turner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): North Carolina

17. INFORMANT (ADDRESS): Charles Dunn, Lutesville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Myers Cemetery DATE: June 30th 1939

19. UNDERTAKER (ADDRESS): Baker Funeral Home, Lutesville, Mo. By F. Hickman

20. FILED July 5, 1939 Mrs. Willie H. Van Amburgh, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June, 28th, 1939

22. I HEREBY CERTIFY, That I attended deceased from 6/25/39, 19..., to 6/27/39, 19...
I last saw him alive on 6/27/39, 1939. Death is said to have occurred on the date stated above, at 8- P m.
The principal cause of death and related causes of importance were as follows:

Cardiac Decompensation — Date of onset 6/25/39

95 b2

Other contributory causes of importance:
Senility
arteriosclerosis

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) John J. Myers, M. D.
(Address) [illegible]

V. S. NO. 2 50M-10-22-36 I X9314

MARGIN RESERVED FOR BINDING

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.