

JUL 29 1929

13770-2

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

Do not use this space.

13770-13

1. PLACE OF DEATH

County Barry  
Township Flat Creek  
City .....

Registration District No. 29  
Primary Registration District No. 5038

File No. ....  
Registered No. 29  
St. .... Ward)

2. FULL NAME

Henry David Dunn

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

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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 10 - 1845

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.  
83 | 10 | 5

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Mo

10. NAME OF FATHER Don't know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Lester

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT Mrs Chas Haeley (Address) Cassville

15. FILED July 1 29 1929 Mrs D. R. Williams REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 11 1929  
17.

I HEREBY CERTIFY, That I attended deceased from Sept 1923 to April 8 1929 that I last saw him alive on April 9 1929, and that death occurred, on the date stated above, at 9 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Old age  
CONTRIBUTORY (SECONDARY) Paralysis  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH? DATE OF.....  
WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS? Hermitt Salver (Signed) M. D.  
April 11 1929 (Address) Cassville Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Louth term DATE OF BURIAL 4/12 19 29

20. UNDERTAKER Hunters Ferry & Wood Co. ADDRESS Cassville

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.

RECORD

31

31

