

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

38911
Do not use this space.

DEC 11 1939

1. PLACE OF DEATH

(a) County BARRY Registration District No. 34

(b) Township LIBERTY Primary Registration District No. 5050

(c) City EXETER (d) Street No. _____ St.

(e) Length of residence in city or town where death occurred _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St.

(f) yrs. mos. ds. (g) Has long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME WILLIAM CAIN DUNBAR

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 10 1879

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
92	9	10	

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

9. Industry or business in which work was done, as saw mill, bank, etc. Harness Maker

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) Illinois

FATHER

13. NAME not known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT J. A. Dunbar
(ADDRESS) Exeter, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE Nov 21 1939

19. FUNERAL DIRECTOR (NAME) Pogue + Son
(ADDRESS) Whe & Town, Mo

20. FILED Nov. 21 1939 Mrs. H. P. Bearey
Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 20 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1937 to Nov 20 1939

I last saw him alive on Nov 19 1939 Death is said to have occurred on the date stated above, at 5:30 p.m.

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

Myocarditis

Date of onset 1936

Other contributory causes of importance: chronic nephritis

Name of operation _____ Date of _____

What test confirmed diagnosis? clinical 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) John R. Glasgow, M.D.

(Address) Exeter, 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.

RECEIVED

District Health Officer No. 6,

District File Number 1239-2531

Date Filed DEC 7 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.