

REC'D MAR 17 1939

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

7233

Do not use this space.

**1. PLACE OF DEATH**

(a) County Montana Registration District No. 571  
 (b) Township Walker Primary Registration District No. 4335  
 (c) City California (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred \_\_\_\_\_ yrs. mos. ds. (f) How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. mos. ds.

**2. PRINT FULL NAME**

William Quee Dunham  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 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) Mar 25 - 1962

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
76 11 1

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer  
 9. Industry or business in which work was done, as 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) Montana Co Mo

13. NAME William Quee Dunham

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montana Co Mo

15. MAIDEN NAME Margaret Hines

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montana Co Mo

17. INFORMANT Edgar Quee Dunham  
 (ADDRESS) California Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Flag Spring DATE 2/28/39

19. FUNERAL DIRECTOR (NAME) William & Fred Meyer  
 (ADDRESS) California Mo

20. FILED 2-28 1939 W.R. Popejoy  
Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-26-1939

22. I HEREBY CERTIFY, That I attended deceased from 2-17-1939 to 2-26-1939

I last saw him alive on 2-26-1939. Death is said

to have occurred on the date stated above, at L.S.P.M.

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

Lobar Pneumonia Date of onset 2-19-39

Other contributory causes of importance: 108

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? Chucal Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no 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) W.R. Popejoy, M. D.

(Address) California Mo

**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 Hugh E. Williams

Licensed Embalmer No. 3537

P. O. Address California me

**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.**