

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.

PLACED IN  
PLACE OF DEATH

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH 38582-1

County Polat Grove  
Township Polat Grove  
or  
Village  
or  
City (NO. St. Ward)

Registration District No. 577 File No. 22  
Primary Registration District No. 5775 Registered No. 3

FULL NAME Ida Dunham

(If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Married  
(Write the word)

DATE OF DEATH May 3, 1911  
(Month) (Day) (Year)

DATE OF BIRTH January 23, 1865  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from April 8, 1911, to May 3, 1911, that I last saw her alive on May 3, 1911, and that death occurred, on the date stated above, at 8 1/2 m.

AGE 46 yrs. 3 mos. 20 ds. IF LESS than 1 day, hrs. or min.?

The CAUSE OF DEATH\* was as follows:  
Peritonitis Caused by Hepatitis  
125 B (Duration) 110 yrs. mos. ds.

OCCUPATION (a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer)

Contributory (SECONDARY) (Duration) yrs. mos. ds.

BIRTHPLACE (City or town, State or foreign country) High Point, Mo

NAME OF FATHER H. J. Dunlap

BIRTHPLACE OF FATHER (City or town, State or foreign country) Mo

MAIDEN NAME OF MOTHER Hart

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Not Known

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) I. Dunham

(Signed) H. W. Lathum M. D.  
(Address) Lathum

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  
At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?  
Former or usual residence

(ADDRESS) California, Mo

PLACE OF BURIAL OR REMOVAL Highland Cemetery DATE OF BURIAL May 4, 1911

Filed 29 1911 REGISTRAR

UNDERTAKER L. J. Lathum ADDRESS California

