

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

Do not use this space.

43173

1. PLACE OF DEATH

County Bonville Registration District No. 218
 Township Bonville Primary Registration District No. 3015
 City Bonville (No. Dr. Alex. Van Ravenswaay Clinic St. _____ Ward _____)

File No. _____

Registered No. 144

2. FULL NAME MAYE VIVION DUNSMOYE

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF L. Dunsmore
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 25, 1861
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
78 3 6

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-31, 1939
 22. I HEREBY CERTIFY, That I attended deceased from 12-23, 1939, to 12-31, 1939
 I last saw her alive on 12-31, 1939 Death is said to have occurred on the date stated above, at 3:00 P.M.
 The principal cause of death and related causes of importance were as follows:

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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 _____

Coronary of Fall Blood
 Date of onset _____
 Other contributory causes of importance: 46

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0

FATHER
 13. NAME Isaac Vivion 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 0

MOTHER
 15. MAIDEN NAME Abuelda Moore

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Robert Vivion
Person City Mo

18. BURIAL, CREMATION (OR) REMOVAL PLACE Mt Zion DATE 1-1, 1940

19. UNDERTAKER (ADDRESS) Albert Hornbeck
Prarie, Boone Mo
 20. FILED 1-1, 1940 Bellinger Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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 Dr. H. Meredith M. D.
 (Signed) _____ (Address) Prarie Street Mo

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. 8,

District File Number

Date Filed 1/9/40