

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

Do not use this space.

29814

**1. PLACE OF DEATH**

County Buchanan  
 Township.....  
 City St. Joseph

85  
 Registration District No. 1001  
 Primary Registration District No. 2707 South 25th Street.

File No.....  
 Registered No. 1175  
 St. .... Ward)

**2. FULL NAME**

Eleanor Ruth Dunfee.

(a) Residence. No. 2707 South 25th Street. 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. 10 mos. 8 ds. How long in U.S., if of foreign birth? yrs. .... mos. .... ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) November 18, 1927.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
10 8

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Infant.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Joseph  
 (STATE OR COUNTRY) Missouri.

PARENTS

10. NAME OF FATHER Edwin David Dunfee.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Shambaugh  
 (STATE OR COUNTRY) Iowa.

12. MAIDEN NAME OF MOTHER Marie Anna Schubert.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Joseph.  
 (STATE OR COUNTRY) Missouri.

14. INFORMANT Mr. Edwin D. Dunfee.

(Address) 2707 South 25th St.

15. FILED SEP 25 1928  
John J. White REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) September 26, 1928

17. I HEREBY CERTIFY That I attended deceased from Sept 15 1928, to Sept 26 1928, that I last saw h. or alive on Sept 25 1928, and that death occurred, on the date stated above, at 1:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

107A

Broncho-Pneumonia  
 (duration) yrs. .... mos. 10 ds.

CONTRIBUTORY Unknown  
 (SECONDARY) (classified) yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED 100 W  
 IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? NO DATE OF.....

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS clinical  
 (Signed) R. W. Beck, M. D.

9/26, 1928 (Address) Unintentionally at home

\*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 DATE OF BURIAL

Mount Olivet Cemetery. Sept 27, 1928

20. UNDERTAKER ADDRESS  
H. O. Sidenfaden. 1802 Union St.

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.

SEP 22 1928

