

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

Do not use this space.

24543

**1. PLACE OF DEATH**

County Jackson Registration District No. 399 File No. \_\_\_\_\_  
 Township Kan Primary Registration District No. 1002 Registered No. 20007  
 City Kansas City (No. St. Mary's Hospital) St. Ward

**2. FULL NAME**

(a) Residence. No. Brunswick Hotel Ward. \_\_\_\_\_  
 (Usual place of abode) 11th Broad (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
76

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Retired  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT M.A. Dunaway  
 (Address) Auburn, Cal.

15. FILED 8/29/27 M.M. Brace REGISTRAR  
act

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug - 28 1927

17. I HEREBY CERTIFY, That I attended deceased from July 11, 1927, to Aug 28, 1927  
 and I last saw h. .... alive on Aug 28, 1927, and that death occurred, on the date stated above, at 12:50 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Chronic Myocarditis  
nephritis acute  
9:2  
1:50

(duration) yrs. mos. da. 67 1/2  
 CONTRIBUTORY (SECONDARY) Obesity - Senility  
 (duration) yrs. mos. da. 7

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Unknown

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) Paul F. Stockey, M. D.  
128, 1927 (Address) 1002 Medical Arts

\*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 Cremation DATE OF BURIAL 8-30 1927

20. UNDERTAKER Blumwerner's Sons ADDRESS N. E. Mo.

DEATH RECORD

N. B.—Every item of information should be carefully supplied. It is filed EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. THIS statement of OCCUPATION is very important.

PARENTS

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

1. PLACE OF DEATH.  
 County Hywatt Registration District No. .... File No. ....  
 Township Kansas City, MO Primary Registration District No. .... Registered No. ....  
 City Kansas City, MO No. .... St. .... Ward) ....

2. FULL NAME Thomas J. Dunaway  
 (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**

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

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

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .... hrs. or .... min.
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8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT (Address)

15. FILED 19... REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 28, 1929

17. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19....., that I last saw him ..... alive on ..... 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

..... (duration) ..... yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....  
 WAS THERE AN AUTOPSY?.....  
 WHAT TEST CONFIRMED DIAGNOSIS?.....  
 (Signed)....., M. D.  
 , 19 (Address)

\*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
20. UNDERTAKER	ADDRESS

SUPPLEMENTARY

WRITE PLAINLY. LEADING INK IS A PERMANENT RECORD. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNLESS THEY ARE COMPLETE AS PRESCRIBED BY LAW. N. B.—Every item of information should be carefully checked to be EXACTLY. If SIGNERS should state CAUSE OF DEATH in plain terms, so that it may be properly recorded. Statement of OCCUPATION is very important.

C  
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Department of Justice  
UNITED STATES ATTORNEY  
Western District of Missouri

KANSAS CITY, March 16, 1928.

Miss Grace Sutmeyer,  
915 E. Gainhill Street,  
Portland, Oregon.

Dear Miss Sutmeyer:

We have for acknowledgment your letter of recent date. From what you say I take it that you received my letter of November 22, 1927, with reference to the death of Mr. Thos. F. Dunaway.

If you desire to get a corrected death certificate you should have your sister and two other persons make affidavit to the effect that Mr. and Mrs. Dunaway were not divorced. These affidavits in proper form should be sent to the Missouri State Board of Health at Jefferson City, Missouri, with the request that they furnish you a certified copy of the corrected death certificate. The charge for the certificate will be \$1.00 and you should send this amount at the same time you send the affidavits.

Very truly yours,  
ROSCOE C. PATTERSON,  
United States Attorney

RCP\*R

STATE OF OREGON,  
COUNTY OF MULTNOMAH.

I, Alice Dunaway, being first duly sworn, depose and say that I married the late Thomas F. Dunaway on Sept. 18, 1912 and was never divorced from the said Thomas F. Dunaway.

I was married to the said Thomas F. Dunaway at the time of his death and therefore his widow.

Alice Dunaway

Subscribed and sworn to before me  
this 6<sup>th</sup> day of April, 1928.

[Signature]

Notary Public for Oregon.  
My commission expires Oct 12, 1928

STATE OF Oregon            )  
                                  ) ss.  
County of Multnomah.    )

I, Albin L. Clark                   , being first duly sworn, depose and say that I know and have been personally acquainted with Mrs. Alice Dunaway for 20 years, and was acquainted with the late Thomas F. Dunaway for about 15 years prior to the time of his death; that I know Thomas F. Dunaway and Alice Dunaway were husband and wife, and that they were never divorced.

I am making this affidavit to enable the said Alice Dunaway to secure a corrected death certificate showing that the said Thomas F. Dunaway was married at the time of his death, and that said Alice Dunaway is his widow.

Albin L. Clark

Subscribed and sworn to before me  
this 5th day of April, 1928.

St. Wendell

Notary Public for  
My commission expires

ad 13<sup>th</sup> 1928

STATE OF Oregon  
County of Multnomah ss.

I, John E. Ferrall, being first duly sworn, depose and say that I know and have been personally acquainted with Mrs. Alice Dunaway for 30 years, and was acquainted with the late Thomas F. Dunaway for about 16 years prior to the time of his death; that I know Thomas F. Dunaway and Alice Dunaway were husband and wife, and that they were never divorced.

I am making this affidavit to enable the said Alice Dunaway to secure a corrected death certificate showing that the said Thomas F. Dunaway was married at the time of his death, and that said Alice Dunaway is his widow.

John E. Ferrall

Subscribed and sworn to before me  
this 5th day of April, 1928.

W. B. Brundage

Notary Public for  
My commission expires Oct 13<sup>th</sup> 1928.