

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

Do not use this space.

27373

1. PLACE OF DEATH

County Jackson
Township Haw
City Kansas City (No. Armour Name Home)

Registration District No. 399
Primary Registration District No. 1002

File No. 5111
Registered No. 5
St. _____ Ward _____

2. FULL NAME

Dr. Stephen A. Dunham

(a) Residence. No. Armour Home, 4 Ward.

(Usual place of abode) 125 Tracy (If nonresident give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 1 mos. 1 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 12, 1857

7. AGE YEARS 76 MONTHS 21 DAYS 10 If LESS than 1 day, ____ hrs. or ____ min.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Phys. (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer

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

PARENTS

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 Armour Home (Address) 22nd & Tracy

15. FILED 9/23 27 1927 M. D. Corneer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 27 1927

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arterio-sclerosis
93C.
97

CONTRIBUTORY (SECONDARY) Arterio-sclerosis (duration) ____ mos. ____ da.

18. WHERE WAS DISEASE CONTRACTED? (duration) ____ yrs. ____ mos. ____ da.

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS? 9/23 1927 (Signed) Deputy Coroner, M. D.

*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 Forest Hill DATE OF BURIAL Sept 24 1927

20. UNDERTAKER B. J. Newcomer's Sons ADDRESS St. C. Mo.

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.

