WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

30577

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 4085
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. St. Ward) — St Marys Hospital

2. FULL NAME Anthon Sunbye
(a) Residence. No. Olathe Kansas St. Ward. Rte #6
(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 Mrs Amanda Sundby

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June-6-1864

7. AGE: Years 63 | Months 4 | Days 20 | If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer. 2020
(b) General nature of industry, business, or establishment in which employed (or employer): Owner & operator
(c) Name of employer: Self.

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

PARENTS
10. NAME OF FATHER: Sunbye
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Norway
12. MAIDEN NAME OF MOTHER: No Data
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Norway

14. INFORMANT: Walter Sundbye
(Address) Rte #2 Olathe Kas.

15. FILED 10/28, 1927 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 26 1927

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Accidental traumatism, struck by pitchfork, handle caught in belt from hay binder. Spleen ruptured (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) (Johnson County Kans) (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? 187
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? History
(Signed) H. E. Moss, M. D
10-26, 1927 (Address) Coroner

*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: Olathe Kansas. — DATE OF BURIAL: Oct 29 1927

20. UNDERTAKER: N. E. Julien — ADDRESS: Olathe Kas.