

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

Do not use this space.

4297

1. PLACE OF DEATH

County Cris Registration District No. 156
Township Grand River Primary Registration District No. 1570
City Harrisonville (No. St. Ward)

File No.
Registered No. 17
St. Ward)

2. FULL NAME

John Andrew Dunn
(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 8 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) Married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Virginia Florence Dunn

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 10 - 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.
73 | 9 | 4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer
(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) Kentucky

10. NAME OF FATHER

Abolon Dunn

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER

Nancy Powell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Kentucky

14. INFORMANT

Mrs. A. Dunn
(Address) Harrisonville Mo

15.

Filed File 28 at St. Louis REGISTRAR
Or Scott

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 14 1928

17. I hereby certify that I attended deceased from Feb 12th at Harrisonville, Mo., to Feb 14, 1928
that I last saw him alive on Feb 14, 1928, and that death occurred, on the date stated above, at 8:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of Bladder
518

CONTRIBUTORY (SECONDARY) 49
(duration) yrs. mos. da.

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

19. DID AN OPERATION PRECEDE DEATH..... DATE OF.....
WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....
(Signed) J. Scott M. D.
2/15/28 (Address) Harrisonville
*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 Pitts Chapel DATE OF BURIAL 2/16 1928

20. UNDERTAKER Runnenburg Bros Harrisonville Mo. ADDRESS

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.

