

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

Do not use this space.

B. 36995

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township J. Row Primary Registration District No. 1002  
 City K.C. Mo. (No. 1421 Broadway) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 40344  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Solomon Kunsecker  
 (a) Residence. No. 1421 Broadway St. 1 Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. 7 mos. \_\_\_\_ ds. How long in U.S., if of foreign birth? yrs. \_\_\_\_ mos. \_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July - 1<sup>st</sup> 1849</u>		
7. AGE	YEARS	MONTHS
	<u>79</u>	<u>4</u>
		DAYS
		<u>unk</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Carpenter</u> (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) <u>Tenn</u>		
10. NAME OF FATHER <u>John Kunsecker</u>		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>No Record</u>		
12. MAIDEN NAME OF MOTHER <u>No Record</u>		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>No record</u>		

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 17 1928

17. 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 \_\_\_\_\_.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic Myocarditis  
926  
97  
97 (duration) \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) Arterio-sclerosis  
 (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? No

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
 (Signed) Henry C. G. G. G.  
1/17, 1928 (Address) Deputy Coroner

\*State the DISEASE CAUSING DEATH, or if 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 <u>Topeka, Kansas</u>	DATE OF BURIAL <u>Nov-19 1928</u>
20. UNDERTAKER <u>Mrs. C. L. Foster</u>	ADDRESS <u>K.C. Mo</u>

14. INFORMANT Mrs. Kate Keck  
 (Address) 2910 West Euclid

15. FILED 11/19, 1928  
M. M. Grove  
 REGISTRAR

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.

