

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.

1690

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township RossPrimary Registration District No. 1002City Kansas(No. Little Sisters of the Poor)

File No.

Registered No. 281

St.

Ward)

2. FULL NAME Jemima Dunkin(a) Residence 53rd & HighlandSt. 15

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

female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

widowed

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

Frank Dunkin6. DATE OF BIRTH (MONTH, DAY AND YEAR) 24 March 1852

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

76926

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

none

(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)

Georgia

10. NAME OF FATHER

Elya Baker

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

unknown

12. MAIDEN NAME OF MOTHER

Norman Ann Reid

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

unknown

14.

INFORMANT

(Address)

Little Sister of the Poor, 53rd & Highland, Kansas City, Mo.

15.

FILED

1-21-29M. M. C. Registrar

2. MEDICAL CERTIFICATE OF DEATH

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

Jan 20 1929

17.

I HEREBY CERTIFY, That I attended deceased from

Dec-

1928

to

Jan 20

19

29that I last saw him alive on Jan 18, 1929, and that death occurred, on the date stated above, at

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis & nephritis

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH,

DID AN OPERATION PRECEDE DEATH? No. DATE OFWAS THERE AN AUTOPSY? NoWHAT TEST CONFIRMED DIAGNOSIS? P. E.(Signed) A. Jack-Bonif

1/20

, 19

29 (Address)

1034 Apple Red.

*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

Julia Olsen1/22 1929

20. UNDERTAKER

ADDRESS

R. V. LunsburyK 6 Mo.

