

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

Do not use this space.

1835

1. PLACE OF DEATH

County Jackson
Township 1st
City Kansas City

Registration District No. 399
Precinct Registration District No. 1002

File No. 1002
Registered No. 1002
St. 18 Ward

2. FULL NAME

(a) Residence, No. 6615 Hughes St., 18 Ward.
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 1 - 1881

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
47 10 3 26 =

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

Farmer
47
10

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Dec

10. NAME OF FATHER Thos Gunn

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)
England

12. MAIDEN NAME OF MOTHER Katharina Backer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)
England

14. INFORMANT Mrs Sadie Able
(Address) Gardner Kansas

15. FILED 1-28-29 M. M. Erwin REGISTRAR
East

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan-27 1929

17. I HEREBY CERTIFY That I attended deceased from Dec 14, 1928, to Jan 27, 1929, that I last saw him alive on Jan 9: 27th, 1929, and that death occurred, on the date stated above, at 9:27 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho Pneumonia
(duration) yrs. mos. ds.
CONTRIBUTORY Sinus Thrombosis and mastoiditis (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED at home
IF NOT AT PLACE OF DEATH: Yes DATE OF Jan 27
DID AN OPERATION PRECEDE DEATH? Yes
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? operation
(Signed) Paul, M. D.
1-28, 1929 (Address) 409 Commerce Bldg.

*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 Gardner Kan DATE OF BURIAL 1-29 1929

20. UNDERTAKER Mrs. C. L. Foster ADDRESS K.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.

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m-207L 3:pm

n.w. corner 108 Walnut