

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

Do not use this space.

17536

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.

25 1929

1. PLACE OF DEATH

County Cass
Township Grand River
City Harrisonville (No.)

Registration District No. 4090
Primary Registration District No. 153

File No.
Registered No. 26
St. Ward)

2. FULL NAME

Frederic B. Dunkin

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

Length of residence in city or town where death occurred 12 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 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 Edna Dunkin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 16-1845

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
83 5 27

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) Indiana

10. NAME OF FATHER William Dunkin

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

12. MAIDEN NAME OF MOTHER Ann Boyd

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

14. INFORMANT Fred Dunkin (Address) Harrisonville Mo

15. FILED 5/14 29 S. A. Long REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/13 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 2 1929 to May 13 1929 that I last saw her alive on May 12 1929, and that death occurred, on the date stated above, at 1-a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Prostatic Hypertrophy and
Mitral Insufficiency.
(My attendance) (duration) 1 yr 3 mos 2 ds.

CONTRIBUTORY (SECONDARY) POW (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF

WHAT TEST CONFIRMED DIAGNOSIS (Signed) J. S. Triplett M. D. , 19 (Address) Harrisonville, Mo.

*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 Orient DATE OF BURIAL 5/14 1929

20. UNDERTAKER Rummerburg Bros ADDRESS Harrisonville Mo.

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