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

Do not use this space.

JUL 23 1929

85

20740

1. PLACE OF DEATH

County Buchanan — Registration District No. — File No.

Township — Primary Registration District No. 1001 — Registered No. 738

City St. Joseph, Mo. (No. 1522 North 15th St. Ward)

2. FULL NAME John Dunn

(a) Residence. No. 1522 N. 15th St., Ward. (If nonresident give city or town and State)
(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.

## 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: Ella

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept. 1, 1854

7. AGE: Years 74 | Months 9 | Days 9 | If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): ✓
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Perry
(STATE OR COUNTRY): Utah

PARENTS

10. NAME OF FATHER: John Dunn
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Virginia
12. MAIDEN NAME OF MOTHER: Sarah
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): England

14. INFORMANT: Mrs. Alice Wettlich
(Address): 1522 North 15th

15. FILED JUN 12 1929 — John G. Jetz, REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): June 10, 1929

17. I HEREBY CERTIFY, That I attended deceased from June 10, 1929, to June 10, 1929 that I last saw him alive on June 10, 1929, and that death occurred, on the date stated above, at 3:00 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
87A
102
(duration) yrs. mos. 4 hours

CONTRIBUTORY (SECONDARY): Hypertension
(duration) yrs. mos. ds.

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

0 DID AN OPERATION PRECEDE DEATH? no. DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) B. W. Toothaker, M.D.

June 11, 1929 (Address) P. & S. 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: Independence Mo — DATE OF BURIAL: June 12 1929

20. UNDERTAKER: Fleeman Funeral Home — ADDRESS: 1208 Francis

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.