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

Do not use this space.
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24688

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas (No. General #2, 24th & Cherry St. 73 Ward)
Registration District No. 339
Primary Registration District No. 1002
File No.
Registered No.

2. FULL NAME Dunham Curtis
(a) Residence. No. 2420 Tracy St., 34 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	Colored	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF ~~(OR) WIFE OF~~ Dunham Fannie

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-8-1906

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	23	9	5	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Packer
(b) General nature of industry, business, or establishment in which employed (or employer) Crating Goods
(c) Name of employer Curtis Packing Co.

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

PARENTS
10. NAME OF FATHER Dunham, Sam
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Texas
12. MAIDEN NAME OF MOTHER Gracum, Anna
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Texas

14. INFORMANT (Record) Clerk
(Address) Gen'l. Hospital #2

15. FILED 7/16, 1929 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-13- 1929

17. I HEREBY CERTIFY, That I attended deceased from 1-9, 19..., to 7-13, 1929, that I last saw h.im alive on 7-13, 1929, and that death occurred, on the date stated above, at 3 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Ruptured Gangrenous Appendix 1 wk.
1925
(duration) yrs. mos. 1 ds.
CONTRIBUTORY (SECONDARY) Peritonitis
(duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED Home
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 7-9-29
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. M. Smith, M. D.
7/16, 1929 (Address) General Hospital #2

*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 Blue Ridge Lawn — DATE OF BURIAL July 17, 1929

20. UNDERTAKER Adkins Bros. — ADDRESS 2000 E-13

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.