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

Do not use this space. 37180

1. PLACE OF DEATH
County Jackson — Registration District No. 2[illegible] — File No.
Township Kaw — Primary Registration District No. — Registered No. 4649
City K.C. Mo (No. 4011-E-19 St. Ward)

2. FULL NAME Eliza Ann Dunn
(a) Residence. No. 4011-E-19 St., 16 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: F E
4. COLOR OR RACE: wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Edwin R Dunn

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 22-1838

7. AGE: 91 YEARS, 5 MONTHS, 19 DAYS. If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: — Housf
(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): Tenn

PARENTS
10. NAME OF FATHER: Elie Jones
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Tenn
12. MAIDEN NAME OF MOTHER: Allen Moore
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Tenn

14. INFORMANT: Mr John F Hall
(Address) 4011-E-19

15. FILED 11/12, 1929 M. M. Crowe REGISTRAR
Assn

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 11 1929

17. I HEREBY CERTIFY, That I attended deceased from 6-20, 1929, to 11-11-, 1929 that I last saw her alive on 11-11, 1929 and that death occurred, on the date stated above, at 6 15 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Endocarditis, Chronic
92-A
94 (duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY): Arterio Sclerosis
(duration) 8 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? Yes
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Tom Sawyer, M. D.
11/12, 1929 (Address) 1701 Jackson

*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: Freeman Mo — DATE OF BURIAL: Nov 13 1929

20. UNDERTAKER: Rose & Henderson — ADDRESS: 15th Jackson

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.

4011-E-19th