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

Do not use this space.

23084

File No. 3078

Registered No.

1. PLACE OF DEATH

County Jackson Registration District No. 30

Township Kaw Primary Registration District No.

City Kansas City (No. 311 Brush Creek Blvd. St. Ward)

2. FULL NAME Margaret A. Dunham

(a) Residence. No. 311 Brush Creek St., 7 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Charles Albert Dunham

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 16, 1844

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ...hrs. or ....min.
	86	4	9	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Belleville
(STATE OR COUNTRY) Ontario

PARENTS

10. NAME OF FATHER John Gunsolus

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

12. MAIDEN NAME OF MOTHER Mary Brown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) New York State

14. INFORMANT Charles Dunham Brooks
(Address) 311 Brush Creek Blvd

15. FILED 7/26, 1930 M M Crayne
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 25, 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1930 to July 25, 1930 that I last saw h.. alive on July 25, 1930 and that death occurred, on the date stated above, at 8:45 P. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Myocarditis
Acute Secondary
Arteriosclerosis

(duration) ....yrs. 6 mos. ....ds.

CONTRIBUTORY (SECONDARY)

(duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) David R. Doerenger M. D.

7/26, 1930 (Address) 928 Trot 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	DATE OF BURIAL
Mt. Washington Cem	7-28 1930
20. UNDERTAKER Stine & McClure	ADDRESS 3285 Gillham Plaza

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.

(Professional Bldg.
Ha 4479.
1 P.M.