

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

Do not use this space.

37877
425

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Rau Primary Registration District No. _____
City Kansas City (No. 4432 Trost St. _____ Ward _____)

File No. _____
Registered No. _____

2. FULL NAME

Mary James Dunbar
(a) Residence, No. 4432 Trost St., 6 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22-1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
72 5 6 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin

FATHER 13. NAME Oliver St Germain

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

17. INFORMANT (ADDRESS) Charles W. Dunbar
4432 Trost

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Nov 30 1931

19. UNDERTAKER (ADDRESS) John J. Sheehan
Kansas City Mo

20. FILED 11/28 1931 W. M. Crow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 28 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 12 1931 to Nov 27 1931
I last saw her alive on Nov 27 1931 Death is said to have occurred on the date stated above, at 7:5 A.M.

The principal cause of death and related causes of importance were as follows:
1. Carcinoma of Stomach ?
2. Ca. of liver ?
46 B 46 B
Other contributory causes of importance: 46 B
626
Ch. Myocarditis ?

Name of operation none Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify _____
(Signed) F. B. Wallace M. D.
(Address) 703 Bathrop Bldg

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

London Bridge.

Visitors 0663