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.

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

Do not use this space.

File No. 1325. 363

Registered No.

1. PLACE OF DEATH

County: Jackson — Registration District No.:

Township: Kaw — Primary Registration District No.:

City: Kansas City (No. 3600, Genesee St. Ward)

2. FULL NAME William J. Dunn

(a) Residence. No. 3600 Genesee St., 5 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? 20 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Cora Louise Dunn

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec. 5-1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	1	24	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Jeweler-Watchmaker
(b) General nature of industry, business, or establishment in which employed (or employer): 40
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Owen Sound
(STATE OR COUNTRY): Canada. 5

PARENTS

10. NAME OF FATHER: William Dunn

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): England 8

12. MAIDEN NAME OF MOTHER (Mrs.) Lundy.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): England

14. INFORMANT: Mrs. Cora Louise Dunn
(Address): 3600 Genesee - K.C.Mo.

15. FILED 1/30, 1932 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan. 29th- 1932.

17. I HEREBY CERTIFY, That I attended deceased from Jany 25, 1932, to Jany 29, 1932, that I last saw him alive on Jany 29, 1932, and that death occurred, on the date stated above, at 4.30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho-Pneumonia

59

107A (duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) Diabetes

(duration) 4 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? No. DATE OF 1

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Typical Symptoms

(Signed) E. E. Eyrene, M. D.

1/29, 1932 (Address) 3400 Kansas Blvd Kc Mo

*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: Mt. Moriah — DATE OF BURIAL: Feb. 1- 1932.

20. UNDERTAKER: Gates Funeral Home — ADDRESS: K.C. Kans.

Lt. C. Cyrene
3400 Karnes R[illegible]