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.

26228

1. PLACE OF DEATH

County Jackson — Registration District No. — File No. 3136

Township Kaw — Primary Registration District No. — Registered No.

City Kansas City (No. 3100 Euclid Simpson Majors Sanitarium St. Ward)

2. FULL NAME Jno. W. Dunn

(a) Residence, No. Neodesha Kas. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 4 mos. 7 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	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12th. 1891

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
41	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Timekeeper 128

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Union Tank car Co.

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) Missouri 1

FATHER

13. NAME J. F. Dunn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data 31

MOTHER

15. MAIDEN NAME Sarah Waller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data

17. INFORMANT (ADDRESS) Mrs. W. F. Dunn Neodesha Kas.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Neodesha Kas. DATE 8/15/32, 19

19. UNDERTAKER (ADDRESS) W. F. Mayberry City

20. FILED Aug 15, 1932 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 15th, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 9th, 1932, to Aug 15th, 1932

I last saw him alive on Aug 15th, 1932 Death is said to have occurred on the date stated above, at 11,35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
apoplexy (cerebral hemorrhage)	24 hrs
8 A	
8 A	

Other contributory causes of importance:

Manic-Depressive Psychosis (manic type)

Name of operation — 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) Herman S. Major, M. D.

(Address) 3100 Euclid ave Kansas City Mo