

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.

JAN 24 1933

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

Do not use this space.

1. PLACE OF DEATH

County JACKSON

Registration District No. 404

Township HAW Washington

Primary Registration District No. 555

City KANSAS CITY

(No. ARMOUR MEMORIAL HOME St. 78 Ward)

2. FULL NAME

MRS. MARIA M. DUNHAM

(a) Residence, No. ARMOUR MEMORIAL HOME

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 52 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)

WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

DR. STEPHEN A. DUNHAM

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

JUNE-20-1852

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ... hrs.
or min.

80

6

0

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

NONE

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)

MILWAUKEE, WISCONSIN

13. NAME

UNKNOWN

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

UNKNOWN

15. MAIDEN NAME

UNKNOWN

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

UNKNOWN

17. INFORMANT

(ADDRESS)

MRS. FORBES - ARMOUR HOME

18. BURIAL, CREMATION, OR REMOVAL

PLACE FOREST HILL

DATE DECEMBER-22-32

19. UNDERTAKER

(ADDRESS)

D. W. NEWCOMER'S SONS

20. FILED

Dec 19, 1932

Fred R. Smiley

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DECEMBER-20-1932

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1932 to Nov. 20, 1932

I last saw her on Nov. 19, 1932 Death is said

to have occurred on the date stated above, at 1:00 p. m.

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

Myocardial degeneration - onset prior to
Decompensation - acute
Cardiospasm of stomach
Partly sclerotic changes of stomach - before

Other contributory causes of importance:

Senile arteriosclerosis
Impaired reflex from encephalitis when
18 yrs. old.

Name of operation none Date of 1932

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) Harwin Delap M. D.

(Address) 222 BELLEFONTAINE AVE. KANSAS CITY MO.

3232 Bellefontaine Ave

2-5