10/24/33

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

Do not use this space.

1450

1. PLACE OF DEATH
County Jackson — Registration District No. 899 — File No. 180
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. Bray Hotel St. Ward)

2. FULL NAME Hamilton M. Stunz
(a) Residence, No. Bray Hotel St., 1 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Anne C. Stunz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feby 2, 1899

7. AGE: YEARS 33 — MONTHS 11 — DAYS 8 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Hotel Auditor
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): Kansas

FATHER
13. NAME: Henry V. Stunz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Maryland

MOTHER
15. MAIDEN NAME: Jane Humphrey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas

17. INFORMANT (ADDRESS): Mrs Anne C. Stunz, Hotel Bray

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lawrence, Kan. DATE 1-12-1933

19. UNDERTAKER (ADDRESS): Stiee & McClure, 3235 Gillham Plaza

20. FILED Jan 11, 1933 M. M. Crow, Asst Registrar.

MEDICAL CERTIFICATE OF DEATH 3 1933

21. DATE OF DEATH (MONTH, DAY, AND YEAR): January 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 7th, 1933, to Jan. 10th, 1933
I last saw him alive on Jan 9th, 1933. Death is said to have occurred on the date stated above, at A. m. 7:40
The principal cause of death and related causes of importance were as follows:
acute dilatation of heart
myocarditis
131
93B
95B
131
Date of onset
Other contributory causes of importance:
chronic nephritis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no
Requested, but refused

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) O. W. Johnson, M. D.
(Address) 1207 Rialto Bldg.

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.