

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.

13300

1. PLACE OF DEATH

County Jackson  
Township Drew  
City Kansas City (No. St. Luke's Hospital)

Registration District No. 389  
Primary Registration District No. 1007

File No. \_\_\_\_\_  
Registered No. 1632  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 302 Harrison St. 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 Fe. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 9 1911

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
22 1 8

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

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) Sept. 1932 11. Total time (years) spent in this occupation. 3

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Detroit Kans.

13. NAME Edward Dunlop

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

15. MAIDEN NAME Agnes Bickell

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

17. INFORMANT (ADDRESS) Mrs. Edna Johnston 3021 Harrison

18. BURIAL, CREMATION, OR REMOVAL PLACE Topeka DATE 4-11-33

19. UNDERTAKER (ADDRESS) Carroll Davidson and Co 3024 Troost Ave.

20. FILED Apr 11 1933 M. M. Conroy Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11 1933

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1933, to April 11, 1933

I last saw him alive on April 10, 1933. Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:  
1223 Pulmonary colitis

Date of onset 5/12/32

Other contributory causes of importance:  
1223 Pulmonary colitis

1223 Pulmonary colitis

1223 Pulmonary colitis

1223 Pulmonary colitis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

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? \_\_\_\_\_ If so, specify \_\_\_\_\_ (Signed) Lindsay S. Melne, M. D. (Address) 1132 Professional Bldg

