

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

Do not use this space.

24545

1. PLACE OF DEATH
 County Jackson Registration District No. 300
 Township Waco Primary Registration District No. 300
 City Kansas City (No. 7105 1/2 E 15th) St. Ward

2. FULL NAME Nicholas Dunger
 (a) Residence, No. 7105 1/2 E 15th 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 M 4. COLOR OR RACE Wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 29 1874

7. AGE YEARS 60 MONTHS 5 DAYS 15 If LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Culler Mfg Co

10. Date deceased last worked at this occupation (month and year) 7-1-34 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

13. NAME John Dunger

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

15. MAIDEN NAME Catherine Baber

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

17. INFORMANT (ADDRESS) John Dunger 801 No 11th K.C. Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St Calvary K.C. Mo DATE 7-16 1934

19. UNDERTAKER (ADDRESS) P. H. Nussert's Sons 919 State K.C. Mo

20. FILED July 16 1934 M. M. Brown Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/14/34 . 1934

22. I HEREBY CERTIFY THAT the deceased from Heart Failure died on 7/14/34 at 9:11 AM in St. Louis Missouri, U. S. A. I last saw him alive on 7/14/34 Death is said to have occurred on the date stated above, at 9:11 AM. The principal cause of death and related causes of importance were as follows:
Chronic Coronary Arteriosclerosis
Myocardial Infarction
Arteriosclerosis

Other contributory causes of importance: None

Name of operation None Date of None

What test confirmed diagnosis? Autopsy Have an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury None, 1934. Where did injury occur? None (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? None
 If so, specify None
 (Signed) [Signature] M. D.
 (Address) [Signature]

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.

AUG 21 1934

