

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.

OCT 17 1934

32812

1. PLACE OF DEATH

County JACKSON
Township KAW.
City K.C.

Registration District No. 399
Primary Registration District No. 1091
(No. 5247 EUCLID)

File No. _____
Registered No. 4148
St. _____ Ward _____

2. FULL NAME

MARGUERITE GRACE DUNHAM

(a) Residence, No. 5247 EUCLID
(Usual place of abode)

St. _____ Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

LIFE TIME yrs. mos. ds.

How long in U. S., if of foreign birth?

yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT 6-1925
7. AGE YEARS 8 MONTHS 11 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. SCHOLAR
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. FRANCIS WILLIARD SCHOOL
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) K.C. MO.

13. NAME FRANK R. DUNHAM

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

15. MAIDEN NAME ELIZABETH GRACE QUISENBERRY

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) K.C. KS.

17. INFORMANT FRANK R. DUNHAM
(ADDRESS) 5247 EUCLID

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 9-12-1934

19. UNDERTAKER DUNNEWCOMER'S SONS
(ADDRESS) 2111 E 9th St.

20. FILED 9-10-1934 M. M. Crowe
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPT 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1934, to Sept 9, 1934.
I last saw him alive on Sept 9, 1934. Death is said to have occurred on the date stated above, at 11:40 A.M.

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

Myocardial Failure - Sept 9, 1934
Endocarditis Acute May 1934

Other contributory causes of importance:

Pneumonia FEVER May 1934
Scarlet FEVER Apr 1934

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 _____

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) Charles Starker M. D.(Address) 1103 Grand Ave

11-

W 3589

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L 03880

DCI - 1549