

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.

1. PLACE OF DEATH

County Jackson
Township Kan.
City Kansas City

Registration District No. 1000

Primary Registration District No. 2519

File No. 36082

Registered No. 1534

St. Ward

2. FULL NAME

(a) Residence No. 2519 Warsington Ward.

(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 wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 29-1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 42 6 14

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

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

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 Joseph P. Dunham

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

15. MAIDEN NAME Edwilda Pugh

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

17. INFORMANT Katherine Dunham

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Maria's DATE Oct 15 1934

19. UNDERTAKER E. J. L. Funeral Home

20. FILED 10-15 1934 M. M. Crowe Asst Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sat-10-13-1934

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1928, to Oct 13, 1934. I last saw him alive on Oct 13, 1934. Death is said to have occurred on the date stated above, at 1 P. m.

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

Coronary Embolism

82

34

Other contributory causes of importance: Arteriosclerosis

Syphilis

Name of operation no Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Emat W. Coronary M. D.

(Signed) Emat W. Coronary (Address) 642 1/2 1st St. S. St. Louis

Lo. 0100
Board of Trade No 3424