

APR 23 1936

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

Do not use this space.

10871

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 5728, Garfield Ave.)

Registration District No. 399
Primary Registration District No. 1002

File No. 1546
Registered No. 1546
St. Ward

2. FULL NAME Mrs. Mary Frances Dunkerley

(a) Residence, No. 5728 Garfield Ave., St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 13, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 2 718

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

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

At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

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

13. NAME George Terrell

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

15. MAIDEN NAME Sarah A. Glaze

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

17. INFORMANT Mrs. Charles E. Rider
(ADDRESS) 5728 Garfield Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Mar. 23, 1936

19. UNDERTAKER Freeman Mortuary & Chapel
(ADDRESS) Kansas City, Mo.

20. FILED Mar 27 1936 M. M. Brown
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1936, to March 20, 1936

I last saw h. or alive on Mar 20, 1936. Death is said to have occurred on the date stated above, at 3 p. m.

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

Bronchial Pneumonia

Other contributory causes of importance:

Influenza

Name of operation 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? 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) James J. Ferguson, M. D.

(Address) 201 White Bld

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.

Dr. James

of Ferguson

11:30 - 12:30

Mount Side Rock Body

112 x 112