

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 19 1937

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

Do not use this space.

44892

1. PLACE OF DEATH

County Jackson, County Registration District No. 399
Township Raw Primary Registration District No. 1002
City Kansas City, Mo. (No. 5331 Highland Ave) St. 7 Ward

File No. 3276
Registered No. 3276

2. FULL NAME Ellen Mary Dunn

(a) Residence, No. 5331 Highland Ave. Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 16th, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 4th, 1936, to Dec 16th, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

I last saw h. ev. alive on Dec 16th, 1936 Death is said to have occurred on the date stated above, at 2:50 P.M.

7. AGE YEARS 72 MONTHS DAYS If LESS than 1 day,hrs. ormin.

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

Chronic Myocarditis Date of onset

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) 11. Total time (years) spent in this occupation

Other contributory causes of importance:
Coronary Arteriosclerosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Smithland Pa.

MOTHER FATHER 13. NAME Michael Quirk

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

MOTHER 15. MAIDEN NAME Honora Hungerford

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

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

17. INFORMANT Sister, Emmill (ADDRESS) 5331 Highland Ave.

Manner of injury Nature of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE 5700 E. 20th St DATE Dec 21st, 1936

24. Was disease or injury in any way related to occupation of deceased? If so, specify

19. UNDERTAKER Quirk & Baker Co. (ADDRESS) 20 W. Broadway

(Signed) Dr. Paul V. Rausse, M. D. (Address) 13 Bryant Bldg

20. FILED Dec 20 1936 M. Morow Registrar.

