

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

Do not use this space.

6649

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. 206 E. 43rd) St. _____ Ward)

File No. _____
 Registered No. _____

2. FULL NAME James Andrew Dunn

(a) Residence, No. 206 E. 43rd 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. 6 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Callie Margaret Dunn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 3, 1859

7. AGE YEARS 77 MONTHS 4 DAYS 24 If LESS than 1 day, _____ hrs. or _____ min.

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

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) 1917 11. Total time (years) spent in this occupation 40 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelbyville Mo.

13. NAME James L. Dunn

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

15. MAIDEN NAME Charlotte Muldrow

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

17. INFORMANT Miss Gretta Dunn (ADDRESS) 206 E. 43rd

18. BURIAL, CREMATION, OR REMOVAL PLACE Shelbyville, Mo. Feb. 28, 1937

19. UNDERTAKER D. W. Newcomer's Sons (ADDRESS) _____

20. FILED 2-27-37 M. M. Crowl Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11/26, 1936, to 2/26, 1937

I last saw him alive on 2/26, 1937. Death is said to have occurred on the date stated above, at 4:05 a.m.

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

Chr. myocarditis

Date of onset 2 yrs ago

93C

Other contributory causes of importance: Hypostatic pneumonia (with broncho or lobar) 36 hrs

Name of operation None 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 _____, 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? no
 If so, specify _____

(Signed) James A. Henson M. D.
 (Address) 907 Prairie Blvd

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.

James H. Mason

Rialto Bldg.

U. 2389

1-2:30