

OCT 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Independence
City Independence (No. _____)

Registration District No. 398
Primary Registration District No. 3019

File No. 34410
Registered No. 301
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 122 So Crystal St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 13, 1937

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 0 0 0 34

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. _____

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) Independence Mo

13. NAME Thomas P. Dunn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knox County Ind

15. MAIDEN NAME Edna Budger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. John Kans.

17. INFORMANT (ADDRESS) Thomas Dunn 122 So Crystal

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Grove DATE 9-17-1937

19. UNDERTAKER (ADDRESS) Geo. C. Carson Independence, Mo.

20. FILED 9-18-37 F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 13 1937

22. I HEREBY CERTIFY That I attended deceased from Sept 13 1937 to Sept 13 1937

I last saw him alive on Sept 13 1937. Death is said to have occurred on the date stated above, at 9:45 P.M.

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

Injury at Birth Date of onset _____

Other contributory causes of importance: None

Name of operation _____ Date of _____

What test confirmed diagnosis? None 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) Wesley Guhnus, M. D.

(Address) Independence Mo.

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.

