

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

Do not use this space.

1. PLACE OF DEATH **18 1937**
 County **Jackson** Registration District No. **399** File No. **36641**
 Township **Kan** Primary Registration District No. **1010** Registered No. **1010**
 City **Kansas City** (No. **1010**) **K. General Hospital** St. _____ Ward _____

2. FULL NAME **Ruth Dunn**
 (a) Residence, No. **1104 Monroe** St., _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred **2** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Patrick Dunn		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-9-1901		
7. AGE	YEARS 35	MONTHS 11
	DAYS 1	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None	11. Total time (years) spent in this occupation.
	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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri		
FATHER	13. NAME William Van Meter	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky	
MOTHER	15. MAIDEN NAME Susan Withers	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri	
17. INFORMANT (ADDRESS) Record Clerk K. General Hosp		
18. BURIAL, CREMATION, OR REMOVAL PLACE Adessa Mo DATE Oct 12 19 37		
19. UNDERTAKER (ADDRESS) Rose Anderson 54 Jackson		
20. FILED Oct 11 1937 M. 701 Cron Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10-10-1937**

22. I HEREBY CERTIFY, That I attended deceased from **6-2-37** to **10-10-1937**
 I last saw her alive on **10-10-1937** Death is said to have occurred on the date stated above, at **9:35 a.m.**
 The principal cause of death and related causes of importance were as follows:
Carcinoma of cervix, Peritonitis, Generalized Gangrenous Endometritis, Bacterial Endocarditis
 Other contributory causes of importance:
48

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

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) **P. F. De Munn**, M. D.
 (Address) **Sup. K. Gen. Hosp. K. Missouri**

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

