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.

1939

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

Do not use this space.

File No. 42747
Registered No. 180

1. PLACE OF DEATH

County Clay — Registration District No. 198
Township Fishing River — Primary Registration District No. 3011
City Excelsior Springs, Mo. (No. Vet. Administration St. Ward)

2. FULL NAME DUNAWAY, John

(a) Residence, No. 1328 Woodland, Kansas City, Missouri Ward. Kansas City, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	Colored	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF stated he had common law wife Wilma Dunaway

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 8, 1888

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	50	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teamster
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oakland Kansas

FATHER

13. NAME Sam Dunaway
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oklahoma

MOTHER

15. MAIDEN NAME Matilda Anderson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Muskogee, Oklahoma

17. INFORMANT (ADDRESS) Hospital records

18. BURIAL, CREMATION, OR REMOVAL
PLACE Kansas City, Ks. DATE 12-28-38, 19

19. UNDERTAKER (ADDRESS) Thatchers Funeral Home Kansas City, Kansas

20. FILED Dec 29, 1938 Lorena McCracken Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 28, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from December 15, 1938, to December 28, 1938
I last saw him alive on December 28, 1938 Death is said to have occurred on the date stated above, at 2:25 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Aneurism of the aorta	?
9/6	

Other contributory causes of importance:

Name of operation None Date of --
What test confirmed diagnosis? Exam. & Obs. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) E.K. MOORE, M.D., Clin. Dir., M. D.
(Address) Vet. Adm., Excelsior Spgs., Mo.

RECEIVED
District Health Officer No. 8

District File Number

Date Filed 1/19/39