

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

Do not use this side.

36101

1. PLACE OF DEATH

County Jackson
Township Raw
City Kansas City (No. 5438)

Registration District No. 399
Primary Registration District No. Woodland

File No. _____
Registered No. 4504
St. _____ Ward _____

2. FULL NAME Donald B. Dungan

(a) Residence. No. 5438 Woodland 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. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>R</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>unknown</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>March 26 - 1883</u>		
7. AGE	YEARS <u>77</u>	MONTHS <u>7</u>
	DAYS <u>10</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Farming & Drums</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____		

9. BIRTHPLACE (CITY OR TOWN) Ma
(STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>James Brady</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>
	12. MAIDEN NAME OF MOTHER <u>Elmina Alder</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>

14. INFORMANT Eugene Peter
(Address) 5438 Woodland Kemo.

15. FILED 11/7 1930 M. M. Crowe
Dist REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3
16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 6 1930
17. I HEREBY CERTIFY, That I attended deceased from Oct 18 1930 to Nov 6 1930 that I last saw alive on Nov 6 1930 and that death occurred, on the date stated above, at 7:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral hemorrhage
Myocarditis
CONTRIBUTORY (SECONDARY) Myocarditis, Chronic
Atherosclerosis

18. WHERE WAS DISEASE CONTRACTED _____

IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS clinical findings
(Signed) Edw. H. Thurston M.D.
Nov 7 1930 (Address) 810 Realle

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Liberty Ma DATE OF BURIAL Nov. 8 1930

20. UNDERTAKER Church-Orcher ADDRESS Liberty

