

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

FEB 25 1937

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

Do not use this space.

1390

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City, Mo. (No. 2604 Cypress)
 2. FULL NAME Charles Hupp Dunn
 (a) Residence, No. 2604 Cypress 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.

File No. _____
 Registered No. 181
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Pearl Dunn
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 22, 1880
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
56 4 18
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Glass Cutter
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 79
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation. 1
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 FATHER 13. NAME Joseph F. Dunn
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va
 MOTHER 15. MAIDEN NAME Fannie Mathis
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 17. INFORMANT Mrs. Pearl Dunn
 (ADDRESS) 2604 Cypress, K. C. Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah Cemetery Jan. 12-37
 19. UNDERTAKER C.H. Blackman & Son, Inc.
 (ADDRESS) 2825 Indep. Blvd. K. C. Mo.
 20. FILED Jan 12, 1937 M. M. Brown
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 10-37 1937
 22. I HEREBY CERTIFY, that I attended deceased from Jan. 10 1937 to Jan. 10 1937
 last saw him alive on Jan. 10 1937 Death is said to have occurred on the date stated above, at 12:30 AM
 The principal cause of death and related causes of importance were as follows:
Acute coronary thrombosis 1/9/37
 Other contributory causes of importance Not known
 Name of operation none Date of _____
 What test confirmed diagnosis? physical 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) [Signature], M. D.
 (Address) 800 Arzuffe Bldg

