

REC'D MAR 9 1939

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

5283

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Raw Primary Registration District No. 1002 Registered No. 482
(c) City Lansas City (d) Street No. 17 West Armour St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 17 West Armour St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nellie Dunn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 8, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
73 4 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Sept. 4
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
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) Baldwin Kansas13. NAME B. C. Dunn14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio15. MAIDEN NAME Ann Gill16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England17. INFORMANT (NAME) (ADDRESS) Dr. J. P. Fields
17 West Armour18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Forest Hill Feb. 6 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) W. Newcomer's Sons
Brushcreek & Pass20. FILED 27 6 1939 M. M. Cronin
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 4 1939

22. I HEREBY CERTIFY, That I attended deceased from 1936 19 to Feb. 4 1939
I last saw him alive on Feb. 2 1939. Death is said to have occurred on the date stated above, at 5:20 P. m.
The principal cause of death and related causes of importance were as follows:

Date of onset
Carcinoma of Prostate 1937
With Metastases 51

Other contributory causes of importance:
Belonged to
Association of Physicians
Name of operation Prost. Resection Date of 1927
What test confirmed diagnosis Plumet 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 W. P. Boynton M. D.
(Signature) W. P. Boynton
(Address) 1116 E. 1st St. Bldg. 100

668 11. 01

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed *C. Hervey Quisenberry*

Licensed Embalmer No. *4070*

P. O. Address *Kansas City,*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.