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

Do not use this space.

18238

1. PLACE OF DEATH
County: St. Francois
Township:
City: Near Farmington, Mo. (No. ..... St. ..... Ward)

Registration District No. 773
Primary Registration District No. 60184

File No.
Registered No. 83

2. FULL NAME: Clyde Dunlap
(a) Residence. No. Davisville, Mo. St. Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 4 yrs. 0 mos. 17 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 19-1907

7. AGE: Years 20 | Months 11 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Davisville,
(STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: Walter Dunlap.
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Willard
(STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Mary Myers
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Phelps Co.
(STATE OR COUNTRY): Mo.

14. INFORMANT: Hospital Records
(Address): State Hosp No. 4.

15. FILED 5-26, 1928 B. J. Robinson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 26 1928

17. I HEREBY CERTIFY, That I attended deceased from April 1, 1928, to May 26, 1928, that I last saw h. alive on May 25, 1928, and that death occurred, on the date stated above, at 4:20 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
(duration) 3 yrs. mos. ds.
CONTRIBUTORY (SECONDARY): Intestinal Tuberculosis
(duration) yrs. mos. ds.

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 + Lab.
(Signed) Bennett F. Hooton, M.D.
5-26, 1928 (Address) Farmington, Mo.

*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: Davisville Mo
DATE OF BURIAL: 5-27 1928

20. UNDERTAKER: Hurt Abney
ADDRESS: Davisville Mo

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.