

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
 Townshp..... Primary Registration District No. **1008**
 City **St. Louis Mo.** (No. **St. Marys Infirmary**) St. Ward)

7388

File No.
 Registered No. **1704**

2. FULL NAME

George Thornton Dunlap
 (a) Residence. No. **2835 Lafayette** St., **23** 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 <i>Male</i> | 4. COLOR OR RACE <i>White</i> | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>Married</i> | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Anna Dunlap</i> | | | | |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>April 15-1889</i> | | | | |
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
| | <i>41</i> | <i>9</i> | <i>24</i> | |
| 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <i>Swiftnman 12³</i> (b) General nature of industry, business, or establishment in which employed (or employer). <i>Railroad</i> (c) Name of employer | | | | |
| 9. BIRTHPLACE (CITY OR TOWN)..... <i>Ind.</i> (STATE OR COUNTRY) | | | | |
| PARENTS | 10. NAME OF FATHER <i>Winfield Dunlap</i> | | | |
| | 11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... <i>Ind.</i> (STATE OR COUNTRY) | | | |
| | 12. MAIDEN NAME OF MOTHER <i>Eliza Francis</i> | | | |
| | 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... <i>Ind.</i> (STATE OR COUNTRY) | | | |
| 14. INFORMANT..... <i>Anna Dunlap</i> (Address) <i>2835 Lafayette</i> | | | | |
| 15. FILED..... FEB 10 1931 19..... <i>Max C. Starkey</i> REGISTRAR | | | | |

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *July 8 1931*

I HEREBY CERTIFY, That I attended deceased from *July 8 1931* to *July 8 1931*, and that I last saw him alive on *July 8 1931*, and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Broncho Pneumonia
11P
11P

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) *Influenza*
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH *7655 Lafayette*
 DID AN OPERATION PRECEDE DEATH? *No* DATE OF.....
 WAS THERE AN AUTOPSY? *No*
 WHAT TEST CONFIRMED DIAGNOSIS? *Therapeutic signs*
 (Signed) *D. H. Anderson*, M. D.
July 9, 1931 (Address) *1536 Poplar St*

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 <i>Watuolos, Ill</i> | DATE OF BURIAL <i>Feb. 11 1931</i> |
| 20. UNDERTAKER <i>Allen W. McLaughlin</i> | ADDRESS <i>1631 Missouri</i> |

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.

