

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 23 1932

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

Do not use this space.

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1. PLACE OF DEATH
 11 County Buchanan Registration District No. 81
 2 Township Bloomington Primary Registration District No. 4049
 1 City DeKalb (No. DeKalb, Missouri, St. _____ Ward _____)

2. FULL NAME Samuel B. Dunlap,
 (a) Residence, No. DeKalb, Missouri, St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. 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) Married,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 14, 1843

7. AGE YEARS 88 MONTHS 3 DAYS 23 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) 1912 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Kentucky 2

FATHER 13. NAME James Dunlap,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Kentucky,

MOTHER 15. MAIDEN NAME Patsy Hainline,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Kentucky,

17. INFORMANT Mrs. S. B. Dunlap
(ADDRESS) DeKalb, Missouri,

18. BURIAL, CREMATION, OR REMOVAL PLACE DeKalb Cemetery DATE Jan. 8, 1932

19. UNDERTAKER Heaton-Beggs
(ADDRESS) St. Joseph, Mo. Funeral Home

20. FILED 1-7, 1932 J. W. M. Adew
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 8th, 1931, to Jan. 7th, 1932
 I last saw him alive on Jan. 7th, 1932 Death is said to have occurred on the date stated above, at 1:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Diabetes
59 5 11
 Other contributory causes of importance:
8
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
 If so, specify _____
 (Signed) J. R. P. B. L., M. D.
 (Address) Kalena, Mo.

