

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.

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

Do not use this space.

447

1. PLACE OF DEATH

21 County Chariton
Township SALT CREEK
City WATER (No.)

Registration District No. 177
Primary Registration District No. 5739

File No.
Registered No. 1
St. Ward)

2. FULL NAME

Ray Junior Dunlap

(a) Residence, No. 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.

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) Dec-26-1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
✓ ✓ 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
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) Mo

13. NAME Kolla Dunlap

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Jane Carter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Kolla Dunlap

18. BURIAL, CREMATION, OR REMOVAL PLACE Keytesville DATE 1/14 1932

19. UNDERTAKER (ADDRESS) Winkelmeier Bros

20. FILED Jan 14 1932 W. D. West Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12 1932

22. I HEREBY CERTIFY That I attended deceased from Jan 12 1932 to Jan 12 1932
I last saw him alive on Jan 12 1932 Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

Septicemia from Occipital abscess Date of onset 1-6-32

Other contributory causes of importance: 152B/1517W

Name of operation No Date of clinical
What test confirmed diagnosis? clinical 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 ①
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify U. S. Duck
(Signed) U. S. Duck M. D.
(Address) Raytown Mo

