

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

Do not use this space.

20019

1. PLACE OF DEATH  
 58 County Lin Registration District No. 497  
 2 Township Benton Primary Registration District No. 4300  
 3 City Browning (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Isaac Dunlap  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27, 1846

7. AGE YEARS 86 MONTHS \_\_\_\_\_ DAYS 21 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) 6-9 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Quincy, Ill. 2

FATHER 13. NAME James Dunlap 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill. 0

MOTHER 15. MAIDEN NAME Mary Brown 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT Earl Palmer (ADDRESS) Browning Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Jenkins DATE 6-20-1932

19. UNDERTAKER C. W. Hummel (ADDRESS) Browning Mo.

20. FILED 7/10 1932 (Mrs) Edith Wapack Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-18 1932

22. I HEREBY CERTIFY That I attended deceased from June 10 1932, to June 18 1932.  
 I last saw him alive on June 18 1932. Death is said to have occurred on the date stated above, at 11:30 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Uraemic Convulsions Date of onset \_\_\_\_\_  
Intestinal Defecity  
 Other contributory causes of importance: \_\_\_\_\_  
131 (D)  
 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 \_\_\_\_\_, 1932.  
 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 McHarmacy (Signed) \_\_\_\_\_, M. D.  
 (Address) Browning Mo.

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.

JUL 25 1932

