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.

SEP 20 1933

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

Do not use this space.

25682

1. PLACE OF DEATH

County Buchanan — Registration District No. 85

Township — Primary Registration District No. 1001

City St. Joseph, Mo. (No. 217 North 12th Street, St. Ward)

File No. — Registered No. 804

2. FULL NAME Lucy Birda Dunlap

(a) Residence, No. 217 North 12th Street St., Ward. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female ~~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 W. M. Dunlap

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 27, 1882

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
51	5	14	

OCCUPATION

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

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) Trenton, Missouri.

FATHER

13. NAME William Harlow

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Virginia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Virginia

17. INFORMANT (ADDRESS) W. M. Dunlap St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Trenton, Mo. DATE Aug. 13, 1933

19. UNDERTAKER (ADDRESS) Fleeman Mortuary, Inc. St. Joseph, Missouri.

20. FILED AUG 11 1933 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1933, to Aug 9, 1933

I last saw her alive on Aug 9, 1933 Death is said to have occurred on the date stated above, at 2:45 A.M.

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

Cerebral Hemorrhage 82A

Date of onset Unknown

Other contributory causes of importance 82 al

Name of operation — Date of

What test confirmed diagnosis? — 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

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Will W. Grow +, M. D.

(Address) 222 Logan Bld