

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

Li 1668  
12-45

JAN 8 1935

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

Do not use this space.

42959

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Paris Primary Registration District No. 1002  
City K.C. Mo (No. 3210 Park) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Mildred Dunlap  
(a) Residence, No. St Marys Hosp. 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 Fe 4. COLOR OR RACE White English 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 5-1911

7. AGE YEARS 23 MONTHS 0 DAYS 6 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

MOTHER FATHER 13. NAME M. L. Dunlap

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tex ad

MOTHER 15. MAIDEN NAME Grace Studer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss Kansas

17. INFORMANT Walter L. Dunlap (ADDRESS) 3210 Park, K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 12/13/34

19. UNDERTAKER Mrs. C. L. Louder (ADDRESS) 918 Brooklyn ave  
1212 34th M. M. Crown

20. FILED \_\_\_\_\_ 1934 M. M. Crown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec - 11 - 34

22. I HEREBY CERTIFY, that I attended deceased from 9-30 <sup>1933</sup> to Dec 10, 1934

I last saw her alive on Dec. 10, 1934 Death is said to have occurred on the date stated above, at \_\_\_\_\_ a. m.

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

mitral stenosis  
cirrhosis of liver  
12/10/34  
12/10/34  
Other contributory causes of importance:  
Pulmonary infarcts  
Date of onset \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? X ray Was there an autopsy? yes

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) M. Bernreiter M. D.  
(Address) 708 Fulton Bldg, K.C.K.

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.

Desiree  
H. H. H. H. H.  
2 to 3 p.m.