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

NOV 21 1935

Do not use this space.

38165

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123

Township — Primary Registration District No. 6248 B

City Jefferson Barracks, (No.) Missouri. Veterans Administration Facility (St.) (Ward)

File No.

Registered No. 373

2. FULL NAME Joseph L. DUNLAP

(a) Residence, No. (Usual place of abode) DesLoge, Missouri St., Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Un yrs. kn mosown 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: Mrs. Virginia Dunlap

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 25, 1894

7. AGE: Years 41 — Months 3 — Days 7 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): Unknown

11. Total time (years) spent in this occupation: Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Potosi, Missouri

FATHER

13. NAME: Marion Dunlap

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unavailable, Unavailable

MOTHER

15. MAIDEN NAME: Martha Thomas

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unavailable, Unavailable

17. INFORMANT: A. W. SCHULZ, M.D., Acting Chief Medical Officer (ADDRESS) Vet. Adm. Facility, Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Des Loge, Missouri DATE Nov 5, 1935

19. UNDERTAKER: Albert Hoppe for Boyer Undertaking Company (ADDRESS) 429 N. Euclid, DesLoge, Mo.

20. FILED Nov. 2, 1935 L. Mowry, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from August 27, 1935, to November 2, 1935. I last saw him alive on November 2, 1935. Death is said to have occurred on the date stated above, at 3:10A.m. The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis, acute	11-25-35
Hepatitis, with marked reduced hepatic function	11-20-35

Other contributory causes of importance:

Cirrhosis of the liver	1930
Cholecystitis, chronic	1930
Duodenal Ulcer with pyloric adhesions	1930
Cholecystectomy	Oct. 18, 1935

Name of operation: Cholecystectomy Date of: Oct. 18, 1935

What test confirmed diagnosis? X-ray, laboratory, operation 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?

If so, specify

(Signed) A.W.SCHULZ, M.D., Acting Chief Medical Officer

(Address) Vet. Adm. Facility, Jeff. Brks., Mo. M.D.