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.

DEC 3 1933

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

Do not use this space.

38209

1. PLACE OF DEATH
County: Lawrence
Township:
City: Mt Vernon (No. ..... St. ..... Ward)

Registration District No. 470
Primary Registration District No. 5633

File No. .....
Registered No. 115

2. FULL NAME Dwight Dunlop
(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 1 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs Dwight Dunlop

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1-20-1902

7. AGE: YEARS 34 | MONTHS 8 | DAYS 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tiff Oniner
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): Crowford Co.

FATHER
13. NAME: Robert Dunlop
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Crowford Co

MOTHER
15. MAIDEN NAME: Louise Garrison
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Crowford Co.

17. INFORMANT (ADDRESS): Self

18. ~~BURIAL, CREMATION~~, OR REMOVAL
PLACE: Potosi MO DATE: Oct 5 1936

19. UNDERTAKER (ADDRESS): George B Orr Mt Vernon MO

20. FILED: Oct 5 1936 P. A. Holmes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10-5-1936

22. I HEREBY CERTIFY, That I attended deceased from 7-20-35, 19..., to 10-5-36, 19...
I last saw him alive on 10-5-36, 19... Death is said to have occurred on the date stated above, at 10 30 m. A.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1932

Other contributory causes of importance: Empyema, Hc.

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 ....., 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) Chester J. Mellies, M. D.
(Address) Mt Vernon