

MAY 31 1937
This belongs to Marion

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

Do not use this space.

1. PLACE OF DEATH

County *Ozark*
 Township *Thompsonfield*
 City *Thompsonfield*

Registration District No. *649*
 Primary Registration District No. *5860*

File No. *17157*
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

Edwin Arthur Dunklee

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Widowed*
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Sarah Lynn*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *March 30 1864*

7. AGE YEARS MONTHS DAYS
72 11
 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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) *State of Illinois*

FATHER 13. NAME *Edwin E. Dunklee*

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS) *W. K. Loftin*

18. BURIAL, CREMATION, OR REMOVAL
 PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS)

20. FILED _____ 19____ Registrar _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 1 1937*

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

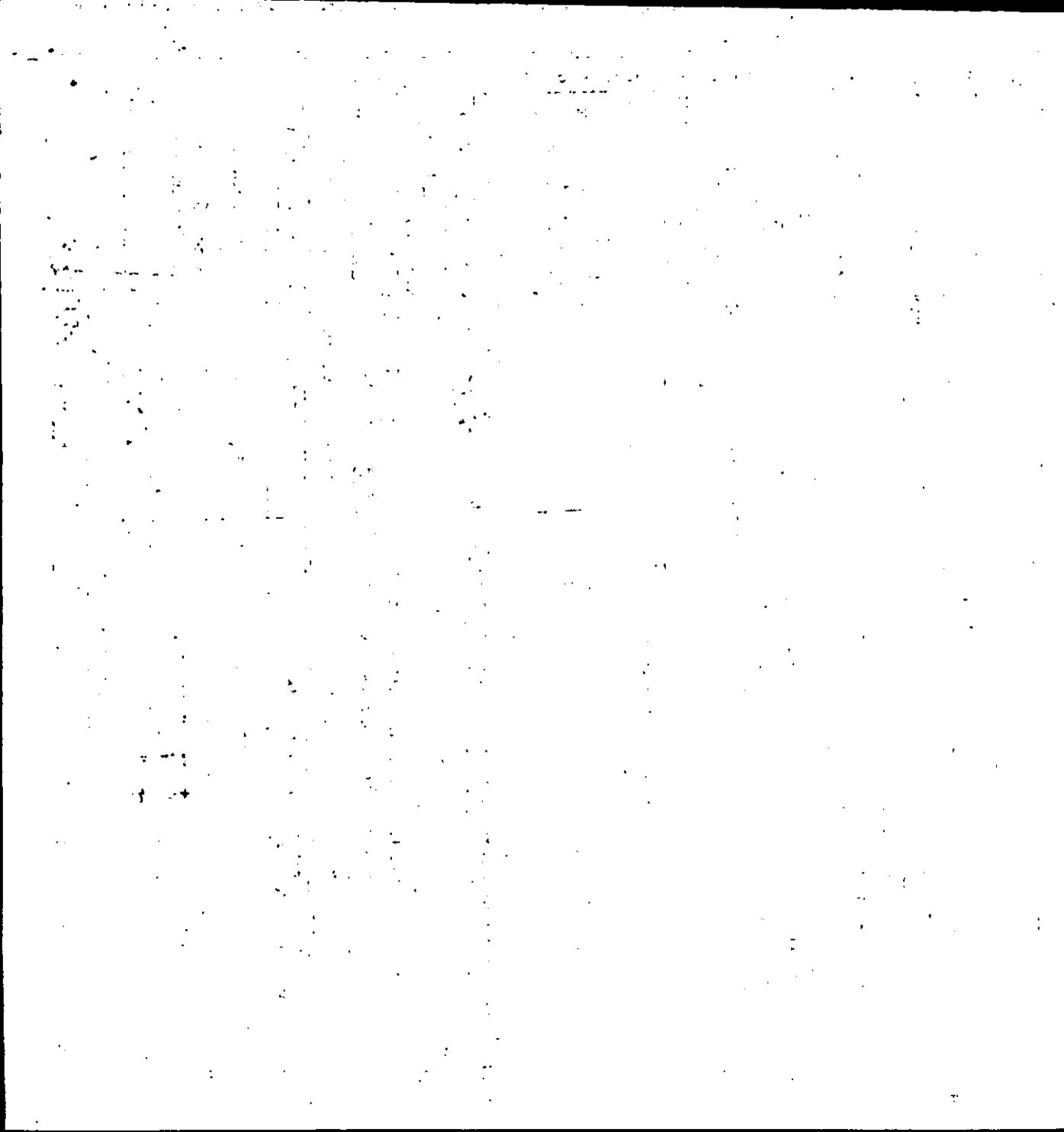
Chronic Nephritis
Uremia
131
 Other contributory causes of importance:
Chronic Myocarditis
 Date of onset *?*

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? *No*
 If so, specify _____
 (Signed) *M. C. Gentry*, M. D.
 (Address) *Avon, Mo.*



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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Ozark
Township Marion
City _____ (No. _____)

Registration District No. 649
Primary Registration District No. 2860

File No. 17157
Registered No. _____

2. FULL NAME Edwin Arthur Dunlap

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1 1937

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

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 30 1864

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the day stated above, at _____ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 72 11

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

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

Chronic nephritis

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Chronic myocarditis

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State of Illinois

13. NAME Edwin A. Dunlap

Name of operation _____ Date of _____

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

What test confirmed diagnosis? _____ Was there an autopsy? _____

15. MAIDEN NAME unknown

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

Where did injury occur? _____ (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) May Coffey

Specify whether injury occurred in industry, in home, or in public place. _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Shornfield DATE March 2 1937

Manner of injury _____ Nature of injury _____

19. UNDERTAKER (ADDRESS) Neighbors

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

20. FILED Mar 1 1937 Nattie P. Davis Registrar

If so, specify _____ (Signed) M. C. Gentry, M. D.

(Address) Ada no

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

5-17157