

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.

70 JUL 28 1937

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

Do not use this space.

1. PLACE OF DEATH

County *Gundy*
Township *Liberty*
City *Dunlap, R. F. H.* (No. *1*)

Registration District No. *327*
Primary Registration District No. *3453*

File No. *23783*
Registered No. *6*
St. _____ Ward _____

2. FULL NAME

Samuel Judson 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

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Mrs. Guilina J. Dunlap.*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Mar 17 1872*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
65 *2* *9*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired Farmer*
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) *Lando mo*

13. NAME *J. M. Dunlap*

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

15. MAIDEN NAME *Edna Dunlap*

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

17. INFORMANT *Mrs. Gail Jobe*
(ADDRESS) *Dunlap mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Galt mo* DATE *May 28 1937*

19. UNDERTAKER *Dr. Paymison*
(ADDRESS) *Galt mo*

20. FILED *5-27-1937* *U. C. Weston*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 26 1937*

22. I HEREBY CERTIFY, That I attended deceased from *12-19-1936* to *5-26-1937*
I last saw him alive on *5-3-1937* Death is said to have occurred on the date stated above, at *9 P.* m.

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

Organic Heart Disease (Mitral Regurgitation) Date of onset *?*

Other contributory causes of importance: *Rheumatism* *920* *?*

Name of operation _____ Date of _____

What test confirmed diagnosis *Clinical* 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 *1*

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

If so, specify *U. C. Weston* (Signed) _____, M. D.
(Address) *Galt mo*

