SEP 27 1937

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

Do not use this space.

1. PLACE OF DEATH
County: washington
Township: Bretons
City: potosi (No. ..., St. ..., Ward)

Registration District No. 887
Primary Registration District No. 6179

File No. 32099
Registered No. ...

2. FULL NAME: Annie E. Dunlap

(a) Residence, No. ... St., ... 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: F
4. COLOR OR RACE: w
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): March 8 1835

7. AGE: Years 2 | Months 7 | Days 19 | 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): Potosi Mo

FATHER
13. NAME: Dwight Dunlap
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

MOTHER
15. MAIDEN NAME: Pearl Jarvis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Washington

17. INFORMANT (ADDRESS): Pearl Dunlap

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Potosi DATE: June 28 1937

19. UNDERTAKER (ADDRESS): Sparks Potosi

20. FILED: July 1 1937 G. F. Cissell, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 27 1937

22. I HEREBY CERTIFY, That I attended deceased from June 25 1937, to June 27 1937. I last saw her alive on June 27 1937. Death is said to have occurred on the date stated above, at 8 a.m. The principal cause of death and related causes of importance were as follows:

	Date of onset
Colitis following	
Indescreet diet	

Other contributory causes of importance: ...

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) C. L. Cuffwell, M. D.
(Address) Potosi, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.