

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

32836
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St. Louis, Mo.** (d) Street No. **1211 N. 7th Street** Registered No. **8890**
 (e) Length of residence in city or town where death occurred yrs. mos. **10s.** (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Mary Dunlap

(a) Residence, No. St. **NR** **Fredericktown, Missouri**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Christopher C. Dunlap**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **October 20th, 1861**

7. AGE YEARS **75** MONTHS **11** DAYS **2** IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housework**
 9. Industry or business in which work was done, as saw mill, bank, etc. **at home**
 10. Date deceased last worked at this occupation (month and year) **July 1st, 1937** 11. Total time (years) spent in this occupation. **50 Yrs**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

FATHER 13. NAME **Almedus Nations**

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

MOTHER 15. MAIDEN NAME **Any Hartle**

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

17. INFORMANT **Mrs May Dunlap Combs**
 (ADDRESS) **1211 N. 7th Street**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Fredericktown, Mo.** DATE **Sept. 24** 19 **37**

19. FUNERAL DIRECTOR **Albert H. Hoppe Inc.,**
 (ADDRESS) **429 N. Euclid Avenue**

20. **SEP 23 1937** 19 **J. Brebeck**
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **September 23** 19 **37**

22. I HEREBY CERTIFY, That I attended deceased from **9/22/37**, 19 **37**, to **9/23/37**, 19 **37**.
 I last saw him alive on **9/22/37**, 19 **37**. Death is said to have occurred on the date stated above, at **8:50 A.M.**
 The principal cause of death and related causes of importance were as follows:

*Cholelithiasis
Gallbladder
Jaundice*
 Date of onset **June '37**
 Other contributory causes of importance:
Stroke Hemorrhage

Name of operation **None** Date of **9/23/37**

What test confirmed diagnosis? **None** 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? **No.**
 If so, specify _____
 (Signed) **Richard A. Sutter**, M. D.
 (Address) **906 Olive St**

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.

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STATEMENT BY LICENSED EMBALMER

I, Guy W. Wilkinson, Licensed Embalmer No. 3575
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me
L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed Guy W. Wilkinson
Licensed Embalmer No. 3575

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)