

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

Do not use this space.

DEC 14 1937

1. PLACE OF DEATH

County Buchanan
Township Washington
City St. Joseph (No. 1709)

Registration District No. 85
Primary Registration District No. 100
Beatty

File No. 40756
Registered No. 1313
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1709 Beatty 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 Female 4. COLOR OR RACE wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 29 - 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. _____ min.
0 0 0 0

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) St. Joseph (STATE OR COUNTRY) mo.

FATHER 13. NAME Lawrence Garland Dunlap

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

MOTHER 15. MAIDEN NAME Anna Pauline Dunlap

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

17. INFORMANT mother & father (ADDRESS) 1209 Beatty St.

18. BURIAL, CREMATION, OR REMOVAL Reserved in PLACE Doctors Office DATE 11-30-1937

19. UNDERTAKER Beatty St. Joseph (ADDRESS) _____

20. FILED 12-2-1937 H. J. Westphal Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 29 1937

22. I HEREBY CERTIFY, That I attended deceased from at birth 11-29- 1937

I last saw her alive on never, 19____ Death is said

to have occurred on the date stated above, at before delivery
The principal cause of death and related cause of importance were as follows:

Prematurity - 4 1/2 to 5 mo gestation Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? _____

If so, specify _____ (Signed) E. E. Wadlow, M. D. _____ M. D.
(Address) 220 Francis St. St. Joseph

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.

