

REC'D MAR 14 1938

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

5978  
 Do not use this space.

## 1. PLACE OF DEATH

(a) County Bates Registration District No. 50  
 (b) Township \_\_\_\_\_ Primary Registration District No. 3004 Registered No. 14  
 (c) City Butler (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Andrew Jackson Dunlap 5-41

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

## PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Mary Jane Dunlap

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 2, 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
41 8 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. Sawyer  
 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) Bates Co Mo.

FATHER 13. NAME Thomas Jefferson Dunlap

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

MOTHER 15. MAIDEN NAME Ella E Sellers

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

17. INFORMANT Mrs. A. J. Dunlap  
 (ADDRESS) Butler Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wick Hill DATE Feb 14 1938

19. FUNERAL DIRECTOR Sellers  
 (ADDRESS) Butler Mo.

20. FILED Feb 14 1938 Mrs. L. Culver  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 13, 1938

22. I HEREBY CERTIFY That I attended deceased from Feb 9<sup>th</sup> 1938, to Feb 13<sup>th</sup> 1938

I last saw him alive on Feb 13<sup>th</sup> 1938 Death is said

to have occurred on the date stated above, at 5:45 a.m.

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

Broncho Pneumonia

Date of onset

Other contributory causes of importance:

Chronic Mitral Regurgitation

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Cheri Was there an autopsy? Yes

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) D. D. LaHue, M. D.

(Address) Butler Mo.

1901-1907

STATEMENT BY LICENSED EMBALMER

I, Henry G. Newell, Licensed Embalmer No. 3111

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E. ....

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed Henry G. Newell

Licensed Embalmer No. 3111

**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.)**