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.

REC'D JUN 22 1938

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

Do not use this space.

File No. 18723

Registered No. 35

1. PLACE OF DEATH
County Lewis
Registration District No. 477
Township
Primary Registration District No. 4286
City Canton (No. , St. Ward)

2. FULL NAME Henry Kenneth Dunlap 541

(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 9, 1936

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
1	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Canton 0
(STATE OR COUNTRY) Missouri

FATHER

13. NAME Harry H. Dunlap 0
14. BIRTHPLACE (CITY OR TOWN) Memphis 0
(STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Helen M. Shivers
16. BIRTHPLACE (CITY OR TOWN) Lewis County
(STATE OR COUNTRY) Missouri

17. INFORMANT Mrs Harry Dunlap
(ADDRESS) Canton Missouri

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Canton, Mo. DATE May 31, 1938

19. UNDERTAKER Earl H. Barkley
(ADDRESS) Canton Missouri

20. FILED May 31, 1938 H. W. Harris
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28, 19 38

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1938, to May 28, 1938
I last saw him alive on May 28, 1938. Death is said to have occurred on the date stated above, at 10:45P.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Int. Hemorrhage	

Other contributory causes of importance:

Name of operation None Date of
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) H. G. Puddemer, M. D.
(Address) Canton, Mo.

123

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

18723
Do not use this space.

1. PLACE OF DEATH
(a) County Lewis — Registration District No. 477
(b) Township — Primary Registration District No. 4286 — Registered No.
(c) City Canton — (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 Henry Kenneth Dunlap.
(a) Residence, No. ..... St. ☐ .....
(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: Male
4. COLOR OR RACE: White
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) Sept 9 1936
7. AGE: YEARS 1 — MONTHS 8 — DAYS 19 — If LESS than 1 day, ... hrs. or ..... min.

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.
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)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE ..... DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED ..... 19 .....
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....
I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
acute Int Hemorrhage	
Etiology unknown.	

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? .....
If so, specify .....
(Signed) H. G. Pundlemer, M. D.
(Address) Canton Mo.

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

N. ... ry item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state C. S. ... F DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Digitized by the Texas State Library and the Texas Department of Health, Vital Statistics Section

1. PLACE OF DEATH

(a) County

b. Township

(c) City (b)

(d) Length of residence in place of death

2. PRINT FULL NAME

(a) Type or print full name

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

7. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Year	Months	Days

8. IF LESS THAN 1 DAY OLD

Hours

Minutes

9. Trade, profession, or particular kind of work done, as lawyer, bookkeeper, etc.

10. Industry or business in which work done, as saw mill, bank, etc.

11. Date last worked at this occupation (month and year)

12. TOTAL YEARS IN OCCUPATION

13. Total time in occupation (years) (months) (days)

14. BIRTHPLACE (CITY OR TOWN)

15. BIRTHPLACE (STATE OR COUNTRY)

16. MOTHER'S NAME

17. BIRTHPLACE (CITY OR TOWN)

18. BIRTHPLACE (STATE OR COUNTRY)

19. INFORMANT

20. FUNERAL DIRECTOR OR PERSON ACTING AS FUNERAL DIRECTOR

21. BURIAL, CREMATION, OR REMOVAL

22. FILED

23. UNDERTAKER'S LICENSE NO.

24. Name of cemetery or crematory

25. Location (City or town)

26. Date of burial, cremation, or removal

27. Signature of undertaker

28. Name of attendant

29. Address of attendant

30. Signature of attendant

31. Name of embalmer

32. Address of embalmer

33. Signature of embalmer

34. Signature of registrar

35. Date registered

36. Number

37. Signature of local registrar

38. Date received by state registrar

39. Signature of state registrar

40. Remarks

41. Number of pages

42. Number of certificates

43. Signature of clerk

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