

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

Do not use this space.

19318

1. PLACE OF DEATH

42 County Henry
6 Township Montrose
3 City Montrose

Registration District No. 355
Primary Registration District No. 4209

File No. _____
Registered No. 7
St. _____ Ward _____

2. FULL NAME

James Frederick 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 12 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 Mary Dunlap

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 11, 1863

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
68 11 12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired farmer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

10. NAME OF FATHER Adam Dewey Dunlap

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Mary Paxton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT (Address) Mary Dunlap
Montrose Mo

15. FILED July 1, 1932 J M Miller
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 30 1932

17. I HEREBY CERTIFY, That I attended deceased from Mar 3 1932 to June 29 1932
that I last saw him alive on June 29 1932, and that death occurred, on the date stated above, at 4 a.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Fatty degeneration of heart.

CONTRIBUTORY (SECONDARY) JA

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? 0

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W E Baggerly, M. D
6-30, 1932 (Address) Montrose Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL White Oak Cem DATE OF BURIAL 7-1 1932

20. UNDERTAKER F. Sannarty ADDRESS Montrose Mo

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.

FILED 23 1932

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