

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

Do not use this space.

1. PLACE OF DEATH

County Baird
Township Flat Creek
City Cassville (No.)

Registration District No. 29
Primary Registration District No. 4021

File No. 35967
Registered No. 54
St. Ward)

2. FULL NAME Louisa Elizabeth 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 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 8-1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 9 11

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Cass County
(STATE OR COUNTRY) Arkansas

10. NAME OF FATHER Eli Dunlap

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

12. MAIDEN NAME OF MOTHER Annabelle J. Weddle

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

14. INFORMANT W. W. Justice
(Address) Cassville Mo

15. FILED Dec. 19 28 Mrs. H. R. Williams
REGISTRAR Dpt

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11. 19. 28

17. I HEREBY CERTIFY, That I attended deceased from Oct 12th 1928, to Nov 19 1928 that I last saw h. or alive on Nov 19 1928, and that death occurred, on the date stated above, at 3.30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS

valvular heart disease

12/11 90W
11-20 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) arterial sclerosis
T. Scurbity (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH,

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No.

WHAT TEST, CONFIRMED DIAGNOSIS? Microscopical

(Signed) A. K. Johnson M. D.
, 19 (Address) Cassville, 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 DATE OF BURIAL

Oak Hill Nov 20 1928

20. UNDERTAKER ADDRESS

Home Funeral Home Cassville

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.

