

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

Do not use this space
10387

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

APR 24 1933

1. PLACE OF DEATH
 County Monteau Registration District No. 571
 Township Walker Primary Registration District No. 4335
 City California (No. _____) St. _____ Ward _____

2. FULL NAME Amanda Wells Dunlap
 (a) Residence. No. _____ St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 31 - 1841

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>91</u>	<u>7</u>	<u>22</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Retired
 (b) General nature of industry, business, or establishment in which employed (or employer) "
 (c) Name of employer _____

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 23 1933

17. I HEREBY CERTIFY, That I attended deceased from Jan 31 1932, to Mar 23 1933
 that I last saw h. w alive on Mar 23 1933 and that death occurred, on the date stated above, at 4:20 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchitis / ICD
 (duration) yrs. 2 mos. 2 ds.

CONTRIBUTORY (SECONDARY) Influenza
 (duration) yrs. 1 mos. 1 ds.

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

10. NAME OF FATHER Jno W. Wells

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not known
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Martha A Price

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not known
 (STATE OR COUNTRY)

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? Physical Exam.
 (Signed) R. L. Lathrop, M. D.
3-24, 1933 (Address) California 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.

14. INFORMANT _____
 (Address) _____

15. Mar 24 1933 Geo. W. Poth
 REGISTRAR

19. PLACE OF BURIAL CREMATION, OR REMOVAL Penttetown Mo DATE OF BURIAL Mar 25 1933

20. UNDERTAKER Geo. Wilson & Sons ADDRESS California Mo.

1 31

