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

Do not use this space.
40595

File No. 41050
Registered No.

1. PLACE OF DEATH
County: Jackson
Township: Kaw
City: Kansas City (No. 2305 Aspen St. Ward)
Registration District No.
Primary Registration District No.

2. FULL NAME: Alpha E. Dale
(a) Residence. No. 2305 Aspen St., Ward.
(Usual place of abode)
(If nonresident give city or town and State)
Length of residence in city or town where death occurred: About Lifetime yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mildred Dale

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 12, 1890

7. AGE: Years 38 | Months 8 | Days 26 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Mechanic
(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): Kansas

PARENTS
10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Unknown

14. INFORMANT: Mrs Mildred Dale
(Address): 2305 Askew

15. FILED: 12-8-28 M M Grove asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): 12-8 1928

17. I HEREBY CERTIFY, That I attended deceased from March 15th 1928 to 12-8 1928 that I last saw him alive on 12-8 1928, and that death occurred, on the date stated above, at 12 O'clock m. noon

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Nine years of Stomach Carcinoma
194H
82D
(duration) 9 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Angina Pectoris
(duration) yrs. 6 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?
(Signed) Addie D. Arthur M. D
12-8, 1928 (Address) 5915 Paseo

*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: Forest Hill
DATE OF BURIAL: Dec 10 1928

20. UNDERTAKER: D. W. Mercomer's
ADDRESS: Sous K. C. 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD