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

Do not use this space.

6229

1. PLACE OF DEATH
County Harrison — Registration District No. 346 — File No. 2
Township Washington — Primary Registration District No. 5-483 — Registered No.
City (No. St. Ward)

2. FULL NAME Pearl Alice Dale
(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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Albert H. Dale

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 12, 1878

7. AGE: Years 51 — Months xx — Days 20 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(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): Harrison County Mo

PARENTS
10. NAME OF FATHER: Jacob Eisenbarger
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Macon Co Ind
12. MAIDEN NAME OF MOTHER: Mary Ellen Morgan
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Taylor County Iowa

14. INFORMANT (Address): Albert H. Dale Ridgeway Mo

15. FILED 2-14, 1929 Chas. Adair REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 2 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec. 16, 1928, to Jan. 26, 1929, that I last saw her alive on Jan 26, 1929, and that death occurred, on the date stated above, at 11:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Fibroma of stomach & colon
46 R
46 C
(duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? yes DATE OF —
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS? —
(Signed) H. H. Francis, M. D
2/4, 1929 (Address) St. Joseph, 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~~: Kidwell Cemetery — DATE OF BURIAL: 2/4 1929

20. UNDERTAKER: O P Ragan Ridgeway — ADDRESS: Mo

CAUSE OF DEATH ... should be stated EXACTLY. ... Exact statement of OCCUPATION ... important.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County: Harrison — Registration District No.: 346 — File No.: 2

Township: Washington — Primary Registration District No.: 5-4-83 — Registered No.:

City: ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Pearl Alice Dale

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
F	W	M

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

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

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

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTY)

PARENTS

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTY)

14. INFORMANT .....
(Address)

15. FILED 2-14, 19 29 Chas Adair
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 2 1929

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... that I last saw h..... alive on ..... 19....., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Fibroma of stomach and colon, Malignant, Cancerous
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 440
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Harry H. Francis, M. D
, 19 (Address) St. Joseph, 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 19
20. UNDERTAKER	ADDRESS

SUPPLEMENTARY

N. B.—Every item of information should be carefully sup... AGE should be stated ... PHYSICIANS should ... CAUSE OF DEATH ... classified. Exact statement of OCCUPATION ... REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS REQUIRED BY LAW. WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

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