

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

Do not use this space.

3684

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.

1. PLACE OF DEATH
 County Scotland Registration District No. 809
 Township Harrison Primary Registration District No. 6054
 City _____ (No. _____) St. _____ (Ward _____)

2. FULL NAME John William Dale
 (a) Residence (No. 3011 St. _____) Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 50 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Dale</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Febr-9-1854</u>				
7. AGE	YEARS <u>75</u>	MONTHS <u>11</u>	DAYS <u>18</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Retired Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>800 1230</u> (c) Name of employer _____				

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clark Co, Mo

PARENTS

10. NAME OF FATHER <u>Samuel Dale</u>
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>
12. MAIDEN NAME OF MOTHER <u>Don't know</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>

14. INFORMANT Arley Dale
 (Address) Gorin mo

15. FILED Jan 28 1930 A. M. Johnson
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 27 1930

17. I HEREBY CERTIFY, That I attended deceased from June 1897 to Jan - 27 - 1930
 that I last saw him alive on Jan 27 - 1930, and that death occurred, on the date stated above, at 8:40 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Paralysis -
(lower half body)
 (duration) 20 yrs. _____ mos. _____ ds.

CONTRIBUTORY Paralysis of limbs -
 (SECONDARY)
 (duration) _____ yrs. _____ mos. 2 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? Physical
 (Signed) Don't know _____, M. D.
1-28, 1930 (Address) Gorin 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
Bear Creek Cemetery Jan 29, 1930

20. UNDERTAKER ADDRESS
Gerth & Baskett Gorin, mo

