

WHITE PLAINLY, WITH UNFADING INK--THIS IS A REQUIREMENT

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.

MAR 27 1931

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

Do not use this space.

2505

1. PLACE OF DEATH

County *Putnam*  
Township *Clark*  
City *Sebastian*

Registration District No. *719*  
Primary Registration District No. *5958*

File No. *59508*  
Registered No. *21956*  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

*Sebastian S. Dale*

(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 *male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 20 1850*

7. AGE YEARS *80* MONTHS *7* DAYS *10* If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *farmer*  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) *1 27 31* 11. Total time (years) spent in this occupation *life*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Anna, Mo*

FATHER 13. NAME *William S. Dale*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown*

MOTHER 15. MAIDEN NAME *unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown*

17. INFORMANT (ADDRESS) *Wm Dale mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Berry Cemetery* DATE *Feb 1 1931*

19. UNDERTAKER (ADDRESS) *F. O. Hughes & Son, Fultonville Mo*

20. FILED *Feb 4 1931* *Quarward Smith* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 30 1931*

22. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_. I last saw him alive on *Jan 30 1931*. Death is said to have occurred on the date stated above, at *6 a.m.*

The principal cause of death and related causes of importance were as follows:  
*old age*

*probably cerebral hemorrhage*

Other contributory causes of importance:

*old age*  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_. Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_ Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_ If so, specify \_\_\_\_\_ (Signed) *W. A. Washington*, M. D. (Address) *Washington Mo.*

