

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

Do not use this space.

20349

**1. PLACE OF DEATH**

106 County Jeremi  
Township Wichman  
City Wichman (No. 1)

Registration District No. 875  
Primary Registration District No. 6162

File No. 148  
Registered No. 148  
St.          Ward         

**2. FULL NAME**

Alexander Hendrick Dale

(a) Residence No. State Hospital #3 St.          Ward           
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 3 mos. 27 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 13 / 31

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>77</u>	<u>4</u>	<u>1</u>	<u>28</u>	<u>        </u>

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Comm. labor 231  
(b) General nature of industry, business, or establishment in which employed (or employer)           
(c) Name of employer         

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

**PARENTS**

10. NAME OF FATHER Jno. Dale  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ill.  
(STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER Priscilla Webb  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ill.  
(STATE OR COUNTRY)

14. INFORMANT Frank Dale  
(Address) Alba, Mo.

15. FILED 6/11, 19. 31 E. R. King  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 11 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan. 14, 1930, to May 11, 1931 (that I last saw him alive on 14 (d.), 1931), and that death occurred, on the date stated above, at 4 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pulmonary Tuberculosis  
23A

CONTRIBUTORY (SECONDARY) 23  
(duration) 1 yrs. 1 mos.          ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH         

19. DID AN OPERATION PRECEDE DEATH? no DATE OF         

20. WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
(Signed) T. J. O'Dell, M. D.

May 11, 1931 (Address) Nevada 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.

21. PLACE OF BURIAL, CREMATION, OR REMOVAL          DATE OF BURIAL 5-17-31

22. UNDERTAKER C. H. Bridges ADDRESS Webb City, Mo. Webb City, Mo.

JUL 28 1931

N. S. BOARD OF HEALTH  
CAUTION: Information should be supplied. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY in plain terms, so as to be properly classified. Exact statement of OCCUPATION is very important.

1970  
1971

1972  
1973

1974  
1975

1976  
1977

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Vernon  
Township Washington  
City (No. ....) .....

Registration District No. 875-  
Primary Registration District No. 6162

File No. ....  
Registered No. 148  
St. .... Ward)

**2. FULL NAME**

Alexander Hendrick 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 <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>S</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 13 1854</u>		
7. AGE YEARS <u>77</u>	MONTHS <u>1</u>	DAYS <u>28</u>
IF LESS than 1 day, .... hrs. or .... min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER FATHER 13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 4/13-19-31 E. P. King Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11 1931

22. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19.....  
I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at..... m.  
The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:  
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)....., M. D.  
(Address).....

SUPPLEMENTARY

B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION is very important. DEATH in plain terms, so that it may be properly classified. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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