

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

Do not use this space.

1620

55
1. PLACE OF DEATH
County Sawyer Registration District No. 470
Township N. Mt Vernon Primary Registration District No. 5633
City (No.) St. Ward

2. FULL NAME Raymond 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 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-1-05
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
26 6 2

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steel work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 53
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Effingham, Ill.

FATHER
13. NAME Stran Sheridan Dale
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER
15. MAIDEN NAME Harriet Davidson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Hospital Records Mt Vernon Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jackson Mo DATE Jan 7 1932

19. UNDERTAKER (ADDRESS) Phillips & Joseph Mt Vernon Mo

20. FILE Jan 15 1932 W. D. Fulton
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/3 1932
22. I HEREBY CERTIFY, That I attended deceased from 7/20 1931 to 1/3 1932
I last saw him, alive on 1/3 1932 Death is said to have occurred on the date stated above, at 9:35 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset
Subsidiary tuberculosis Feb. 1929
2 HA
2 HA
Other contributory causes of importance:
Tuberculous meningitis see 1929

Name of operation None Date of
What test confirmed diagnosis? Sab. Was there an autopsy? No

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 (D)
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) J. B. Stokes, M. D.
(Address) Mt Vernon 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.

