

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

Do not use this space.

18996

1. PLACE OF DEATH  
 2 3 County Clark Registration District No. 191  
 Township Wyaconda Primary Registration District No. 3262  
 City Grange (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME R. A. Dial of Granger, Mo.  
 (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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male  
 4. COLOR OR RACE White  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Julia E. Dial  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 14, 1862  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
69 10 24

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8, 1932  
 22. I HEREBY CERTIFY That I attended deceased from Sept 4, 1931, to June 8, 1932  
 I last saw him alive on Sept 4, 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:

cause of fracture

Date of onset

Other contributory causes of importance: (1)

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leum 2  
 13. NAME Pleasant Dial  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leum  
 15. MAIDEN NAME Unknown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31  
 17. INFORMANT Mary Cochran  
 (ADDRESS) Granger Mo.  
 18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Grange DATE June 9, 1932  
 19. UNDERTAKER Gutting's Undertaking  
 (ADDRESS) Grange Mo.  
 20. FILED 6-9-, 1932 R. G. Cheatham  
 Registrar

Name of operation Removal of prostate Date of Jan 4, 1930  
 What test confirmed diagnosis? Lab. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no 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 none  
 Nature of injury none

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

(Signed) Darius R. ... M. D.  
 (Address) Grange Mo.

AUG 23 1932

CAUSE OF DEATH IN plain terms, so that it may be properly understood.

712. oreleanus.