

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

Do not use this space.

36813

**1. PLACE OF DEATH**

County RAY  
Township RIEHLMOND  
City RIEHLMOND (No. .... St. .... Ward)

Registration District No. 744  
Primary Registration District No. 3035

File No. ....  
Registered No. 82

**2. FULL NAME** CHARLES W. 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**

<b>3. SEX</b> <u>MALE</u>	<b>4. COLOR OR RACE</b> <u>WHITE</u>	<b>5. SINGLE, MARRIED, WIDOWED OR DIVORCED</b> (write the word) <u>WIDOWED</u>
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**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** OLIVIA JANE DALE

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** SEPT. 25 1857

<b>7. AGE</b> <u>75</u>	<b>YEARS</b>	<b>MONTHS</b> <u>1</u>	<b>DAYS</b> <u>22</u>	<b>IF LESS than 1 day,</b> ..... hrs. or ..... min.
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**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Missouri

**10. NAME OF FATHER** Wm. D. Dale

**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)** Missouri

**12. MAIDEN NAME OF MOTHER** Elizabeth M. Dale

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)** Missouri

**14. INFORMANT** John Dale  
(Address) Richmond No. 2, R.F.D.

**15. FILED** 12-9-1932 C. E. Day REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Nov 16 1932

**17. I HEREBY CERTIFY, That I attended deceased from** 5-1, 1932, to 11-16, 1932 that I last saw him alive on 11-5, 1932, and that death occurred, on the date stated above, at 11:45 p. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

mitral stenosis  
131  
ORA (duration) 2 yrs. .... mos. .... ds.  
**CONTRIBUTORY (SECONDARY)** Chronic nephritis  
(duration) 1 yrs. 6 mos. .... ds.

**18. WHERE WAS DISEASE CONTRACTED** 131  
IF NOT AT PLACE OF BIRTH. ....

**DID AN OPERATION PRECEDE DEATH?** No. DATE OF .....  
**WAS THERE AN AUTOPSY?** No.

**WHAT TEST CONFIRMED DIAGNOSIS** Microscopic  
(Signed) Geo. H. Lane, M. D.

11-19, 1932 (Address) Richmond 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** Rocky Cave  
Richmond Mo  
**DATE OF BURIAL** 11/18/32 19

**20. UNDERTAKER** C. M. Jones  
Richmond Mo.  
**ADDRESS** Richmond 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. JAN 9 1933

