

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

Do not use this space.

681

1. PLACE OF DEATH

County DuBay
Township Fishing Creek
City Excelsior Springs

Registration District No. 198
Primary Registration District No. 3011

File No. _____
Registered No. 23
St. _____ Ward _____

2. FULL NAME

Miss Pattie Dale
(a) Residence, No. by Sautman 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 1st 1870
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 3 28

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.
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) Ohio

MOTHER FATHER
13. NAME George Dale
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England
15. MAIDEN NAME Caroline Goodenberger
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Ronald Hartell
(ADDRESS) Excelsior Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Excelsior Springs, Mo. DATE Jan 30, 1933

19. UNDERTAKER Harbert Hofer
(ADDRESS) Excelsior Springs, Mo.

20. FILED F-30, 1933 J. P. Craven
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-29, 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-28, 1933, to 1-29, 1933

I last saw him alive on 1-29, 1933 Death is said to have occurred on the date stated above, at 3:30 P.M.

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

Catastrophic Myocardial Infarction (Coronary occlusion eye)
1635

Other contributory causes of importance:
1635

Name of operation none Date of _____
What test confirmed diagnosis Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide none Date of injury 1-28, 1933

Where did injury occur? Day Co. Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Home

Manner of injury _____
Nature of injury _____

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

(Signed) J. P. Craven, M. D.
(Address) Excelsior Springs

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.

