

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County BuchananRegistration District No. 85Township St. JosephPrimary Registration District No. 100City St. Joseph(No. Missouri Methodist Hosp.)File No. 18935Registered No. 607St. Ward2. FULL NAME Dale Lorane Adair(a) Residence, No. St.

(Usual place of abode)

St. WardWard. mt. ays Iowa

(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 74. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 30, 1908

7. AGE

YEARS 24MONTHS 7DAYS 13

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

School girl

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) Unknown Iowa13. NAME Chas. Adair14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Iowa15. MAIDEN NAME Pearl Jones16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Mo17. INFORMANT (ADDRESS) Chas. Adair

18. BURIAL, CREMATION, OR REMOVAL

PLACE BeldingDATE 6-16-3319. UNDERTAKER (ADDRESS) C. A. Rhoades20. FILED 6-14 1933John R. Bender
Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13 193322. I HEREBY CERTIFY That I attended deceased from May 31 1933 to June 13 1933I last saw him alive on June 13 1933 Death is saidto have occurred on the date stated above, at 8:10 P. m.

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

Thyroid cancer
following operation
66B
66E
66B
Date of onset June 13

Other contributory causes of importance:

Exophthalmic
goiter
Toxic
1
Name of operation Thyroidectomy Date of June 13What test confirmed diagnosis?..... 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.....

Nature of injury.....

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

If so, specify.....

(Signed) H. S. Saunders

M. D.

(Address) St. Joseph Mo.

