

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

37561

1. PLACE OF DEATH  
County RANDOLPH Registration District No. 729  
Township CAIRO Primary Registration District No. 4434  
City CAIRO (No. ....) St. .... Ward ....

2. FULL NAME LEWIS FRANKLIN 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 12-1869  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 64 1 20  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RETIRED  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. SECTION LAB  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. PLACE (CITY OR TOWN) STATE OR COUNTRY MO  
13. NAME JACOB DALE  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) POINT STOW  
15. MAIDEN NAME NANCY DOWNING  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KY

17. INFORMANT (ADDRESS) MRS EFFIE DALE  
18. BURIAL, CREMATION, OR REMOVAL PLACE CHAIRO GRAND PRAIRIE NOV 5 1933  
19. UNDERTAKER (ADDRESS) SNOW-LEVERMAN, MOBERLY-MO  
20. FILED Nov 10 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 2 1933  
22. I HEREBY CERTIFY, That I attended deceased from Sept 10 1933 to Nov 2 1933  
I last saw him alive on Nov 2 1933 Death is said to have occurred on the date stated above, at 5 P.  
The principal cause of death and related causes of importance were as follows:  
Angina Pectoris  
Nephritis  
Other contributory causes of importance:  
Chronic Obstr  
Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....  
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?.....  
If so, specify.....  
(Signed) Jahud Allen, M. D.  
(Address) Chairo Mo

