

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

Do not use this space.

39889-A

1. PLACE OF DEATH
 46 County Barren Registration District No. 382
 Township Galaxy Primary Registration District No. 89
 City Waverly (No. _____) St. _____ Ward _____

2. FULL NAME Robert Lee Dial
 (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 10 yrs. mos. ds. How long in U. S., if of foreign birth? 64 yrs. 4 mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX W 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
64

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 12 1933
 22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1933, to Dec 16, 1933
 I last saw him alive on Dec 16, 1933. Death is said to have occurred on the date stated above, at 2:30 m.
 The principal cause of death and related causes of importance were as follows:

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 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) Dec 31 1932
 11. Total time (years) spent in this occupation _____

Chronic interstitial nephritis not known
131
 Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barren Ky
 13. NAME Robert Lee Dial
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

Other contributory causes of importance:
131
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

MOTHER
 15. MAIDEN NAME _____
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

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 _____

17. INFORMANT Walter Sheffer (ADDRESS) his wife
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Walter Sheffer DATE 11-17 1933
 19. UNDERTAKER None (ADDRESS) _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) A. M. Harrison, M. D.
 (Address) Mountain View Mo.

20. FILED L. G. W. Wainwright Registrar.

EB 87 1934

MISSOURI STATE BOARD OF HEALTH

1944

UNITED STATES DEPARTMENT OF AGRICULTURE

OFFICE OF THE ASSISTANT SECRETARY FOR CROP ESTIMATION

1944

UNITED STATES DEPARTMENT OF AGRICULTURE

1944

1944

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Warren
Township Madberry
City (No.) _____

Registration District No. 983
Primary Registration District No. 5334

File No. 39889A
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Robert Lee Deal

(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

3. SEX W 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unborn

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
10/4 ; ;

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) _____

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) _____

20. FILED 1/22 1924 G. W. Wagoner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 12 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19_____

I last saw h. _____ alive on _____, 19_____. Death is said to have occurred on the date stated above, at _____ m.

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

Other contributory causes of importance:

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) _____, M. D.
(Address) _____

SUPPLEMENTARY

REGISTRARS SIGNATURES MUST BE WRITTEN IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY. N. B.—Every item of information should be carefully supplied. AG—should be stated EXACTLY. PHYSICIANS should state

CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

S-39889-A