

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.

JUL 10 1934

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

Do not use this space.

1. PLACE OF DEATH

County Crawford
 Township Keokuk
 City Cuba

Registration District No. 230
 Primary Registration District No. 5313

File No. 19938
 Registered No. _____
 St. _____ Ward) _____

2. FULL NAME

Dale Edward Stack

(a) Residence, No. _____ St. _____ Ward. _____
 (Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. 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) Sept 4th 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 8 20

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

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) Crawford Co., Mo.

13. NAME W. A. Stack

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crawford Co Mo.

15. MAIDEN NAME Ada Bland

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cauden, Can Mo.

17. INFORMANT (ADDRESS) James Stack Cuba Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Leckler County 6/25 1934

19. UNDERTAKER (ADDRESS) Jay C. Haeberly Cuba Mo.

20. FILED July 1, 1934 J. G. A. Herzog Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24th 1934

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

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 7:00 a.m.

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

This child was dead when I first saw him at 8 o'clock on June 24 from the history of the family he died from Cholera Infantum

Other contributory causes of importance: 11/2A

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) John H. Martyn M. D. (Address) Cuba Mo.

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