

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. AUG 16 1934.

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

Do not use this space.

1. PLACE OF DEATH

County MACON
Township HUDSON
City _____ (No. _____)

Registration District No. 533
Primary Registration District No. 3713

File No. 25441
Registered No. _____
St. _____ Ward _____

2. FULL NAME George S Dole

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary S Dole</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1858 July 19</u>		
7. AGE	YEARS <u>76</u>	MONTHS _____
	DAYS <u>7</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Train Commissioner</u>	
	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) <u>Chicago Ill</u>		
FATHER	13. NAME <u>James H Dale</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mt Pleasant Mich</u>	
MOTHER	15. MAIDEN NAME <u>Sarah Dale</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bridgport Conn</u>	
17. INFORMANT <u>Frank Hagizes</u> (ADDRESS) <u>327 South Chicago</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Chicago</u> DATE <u>7/22 1934</u>		
19. UNDERTAKER <u>Albert Thomas</u> (ADDRESS) <u>Macon Mo</u>		
20. FILED <u>Aug 34</u> <u>Love</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19 1934

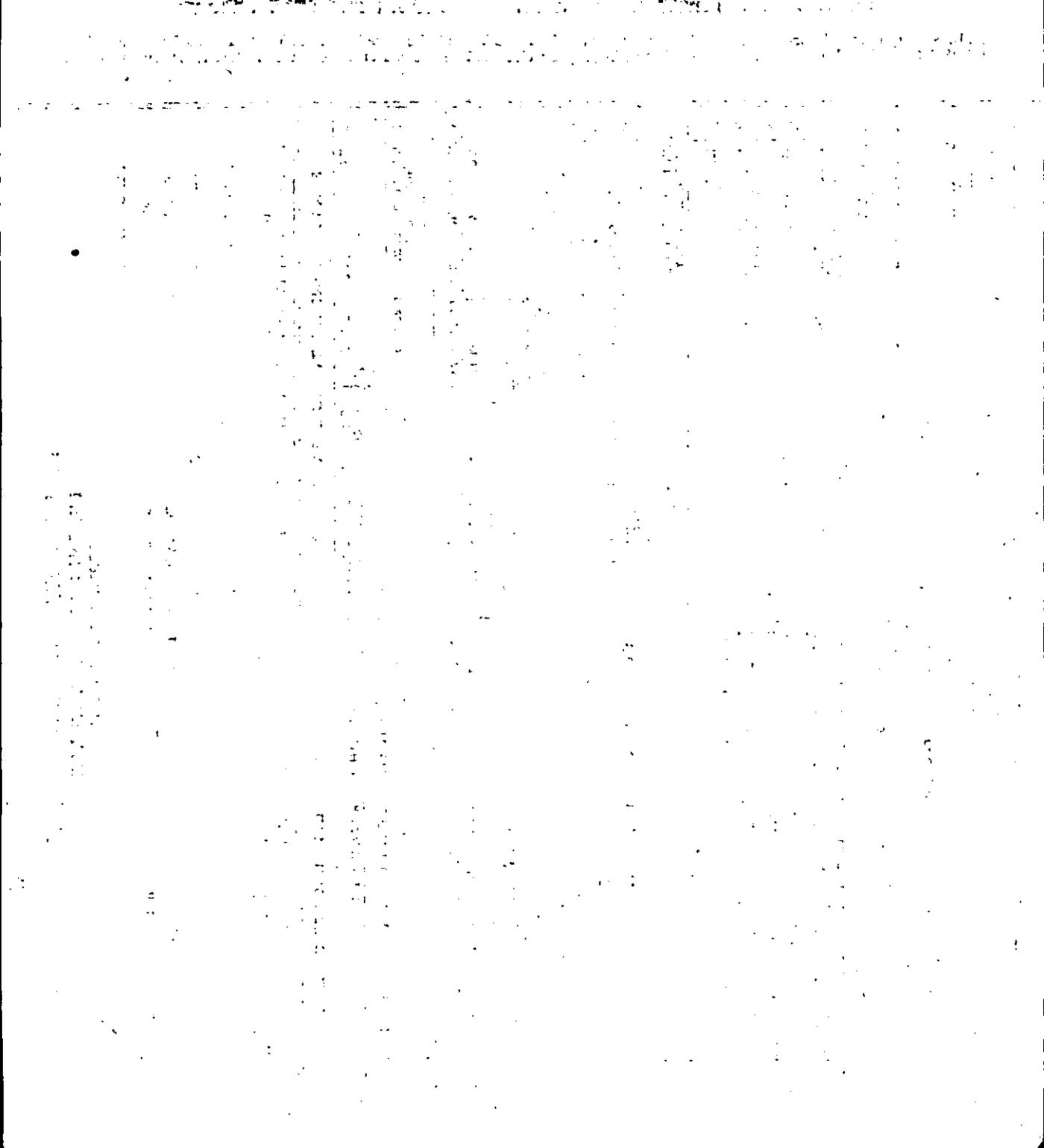
22. I HEREBY CERTIFY, That I attended deceased from 8 MAY 4 1932 to JULY 19 1934
I last saw h.i.m. alive on July 19 1934 Death is said to have occurred on the date stated above, at 9.30 Am.
The principal cause of death and related causes of importance were as follows:
Senile DEMENTIA Date of onset 1930
107A
102 / 107A
Other contributory causes of importance:
BRONCHIAL PNEUMONIA

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? N.O.
If so, specify _____
(Signed) F. M. Still M. D.
(Address) Macon Mo



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

Do not use this space.

1. PLACE OF DEATH

County Macon Registration District No. _____
 Township Hudson Primary Registration District No. _____
 City _____ (No. _____) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Almeda Goodspeed Dole
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12 1858
 7. AGE YEARS 76 MONTHS _____ DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Train Commissioner
 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) Chicago (STATE OR COUNTRY) Cook Co. Ill

13. NAME James H Dole

14. BIRTHPLACE (CITY OR TOWN) White Pigeon (STATE OR COUNTRY) Mich

15. MAIDEN NAME Sarah Dale

16. BIRTHPLACE (CITY OR TOWN) Bridgport (STATE OR COUNTRY) Conn

17. INFORMANT Frank Haines (ADDRESS) 327 La Salle St Chicago

18. BURIAL, CREMATION, OR REMOVAL PLACE Chicago Ill DATE July 21 1934

19. UNDERTAKER Albert Sklumer (ADDRESS) Macon mo

20. FILED _____, 19____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19 1934

22. I HEREBY CERTIFY That I attended deceased from May 14 1932 to July 19 1934
 I last saw him alive on July 19 1934. Death is said to have occurred on the date stated above, at 9:30 A.M.

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

Senile Dementia Date of onset 1930
 Other contributory causes of importance: Bronchial Pneumonia

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? No
 If so, specify Fm Still D O
 (Signed) _____ (Address) Macon mo

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.

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

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