

APR 22 1935

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

Do not use this space.

9851

1. PLACE OF DEATH

County Marion
Township West
City Palmyra

Registration District No. 548.
Primary Registration District No. 4323.

File No.
Registered No. 16 St. Ward)

2. FULL NAME

James Shannon Dingle

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

Length of residence in city or town where death occurred 43 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 11, 1848.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 4 20

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

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) Marion County
(STATE OR COUNTRY) Missouri

13. NAME Col. W. C. Dingle

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

15. MAIDEN NAME Mary A. Shannon

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

17. INFORMANT Mrs. Pauline Knobbs
(ADDRESS) Kirkville, Mo.

18. BURIAL, CREMATION, OR REMOVAL Palmyra, Mo.
PLACE Greenwood Cem. DATE 4/3/35 19

19. UNDERTAKER Jewell Bros
(ADDRESS) Palmyra, Mo.

20. FILED 4-3-35 Gertrude Lee
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1935, to March 31st 1935
I last saw him alive on March 31st 1935 Death is said to have occurred on the date stated above, at 10:00 p. m.

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

Chronic myocarditis dependent on chronic cystitis of prostatic Date of onset

Other contributory causes of importance:

Anemia - not pernicious.

Name of operation none Date of
What test confirmed diagnosis Clinical 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) Dr. W. C. O'Neal M. D.
(Address) Palmyra 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.

IN SENATE,
January 10, 1907.

REPORT
OF THE
COMMISSIONERS OF THE
LAND OFFICE,
FOR THE YEAR
1906.

MISSOURI
LAND OFFICE
COLUMBIA, MISSOURI,
1907.

THE COMMISSIONERS OF THE LAND OFFICE,
STATE OF MISSOURI,
HONORABLE SENATOR,
COLUMBIA, MISSOURI.

REPORT
OF THE
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MISSOURI
LAND OFFICE
COLUMBIA, MISSOURI,
1907.