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.

JAN 13 1936

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

Do not use this space.

791

41847

1003

File No. .....
Registered No. 11097

1. PLACE OF DEATH

County .....
Township .....
City St Louis, (No. 3337 Clay av, St. ..... Ward)

Registration District No. .....
Primary Registration District No. .....

2. FULL NAME William F Dale

(a) Residence, No. 3137 Clay av St., 10 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE~~ OF Julia Walsh

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Don't know

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
Sept 28			

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railway Express

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo

FATHER

13. NAME Jno F Dale

14. BIRTHPLACE (CITY OR TOWN) London
(STATE OR COUNTRY) England

MOTHER

15. MAIDEN NAME Margaret Pulle

16. BIRTHPLACE (CITY OR TOWN) Dublin
(STATE OR COUNTRY) Ireland

17. INFORMANT Jno F Dale
(ADDRESS) 3650 Humphrey

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem DATE Dec 31 1935

19. UNDERTAKER Theo J F Mall
(ADDRESS) 1519 S Grand Boulev

20. FILED DEC 30 1935 19 J F Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 29 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 28 1935, to Dec 29 1935

I last saw him alive on Dec 28 1935. Death is said to have occurred on the date stated above, at 9:30 P m.

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

	Date of onset
Bronchitis.	

Other contributory causes of importance:

Chronic Myocarditis.

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? No 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) W. Jackson Miller, M. D.

(Address) 4000 Wat. Bldg.