

JAN 31 1936

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

Do not use this space.

42263

1. PLACE OF DEATH

County Vernon
Township
City Nevada (No.)

Registration District No. 875
Primary Registration District No. 3039

File No.
Registered No. 244
St. Ward

2. FULL NAME

Caroline Dale

(a) Residence, No. 308 E. Dodge St., 3 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>Colored</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>Married</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 30 1861</u>		
7. AGE <u>74</u>	YEARS <u>8</u>	MONTHS <u>10</u>
		DAYS <u>10</u>
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Domestic</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.....		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30 - 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1935, to Dec 30, 1935.
I last saw him alive on Dec 30, 1935. Death is said to have occurred on the date stated above, 9:15 m.
The principal cause of death and related causes of importance were as follows:

Coronary Arteriosclerosis

Other contributory causes of importance:
arteriosclerosis

Name of operation None Date of.....
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) H. A. T. ..., M. D.
(Address) Nevada, Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u>
13. NAME <u>Not Known</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) = = =
15. MAIDEN NAME = = =
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) = = =
17. INFORMANT (ADDRESS) <u>Bell Johnson Nevada Mo</u>
18. BURIAL, CREMATION, OR REMOVAL <u>Deerpark Cemetery - 1 - 1 - 1935</u>
19. UNDERTAKER (ADDRESS) <u>Ferry Funeral Home Nevada Mo</u>
20. FILED <u>111</u> <u>1935</u> <u>M. Eichinger</u> Registrar.

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

