

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

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.

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

Do not use this space.

FEB 24 1936

2687

1. PLACE OF DEATH

County St. Charles Registration District No. 757
Township St. Charles Primary Registration District No. 35998
City St. Charles, MO (No. _____) St. _____ Ward _____

File No. _____

Registered No. 1

2. FULL NAME

(a) Residence, No. St. Charles, MO, R.F.D. 2 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Mr. Geo. Dingledine

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 27-1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 10 4

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

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) 3 yr. ago 11. Total time (years) spent in this occupation

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

13. NAME Geo. Dingledine

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles, Mo

15. MAIDEN NAME Mary Stephens

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles, Mo

17. INFORMANT (ADDRESS) Mrs. Geo. Dingledine, St. Charles, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Dingledine Cem. DATE 1/5 1936

19. UNDERTAKER (ADDRESS) Manis, Manis, St. Charles, Mo

20. FILED 1/2 1936 Clarence H. Hunter Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 1st 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1936, to Jan 1st 1936. I last saw him alive on Jan 1st 1936. Death is said to have occurred on the date stated above, at 10:30 p.m.

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

Apoplexy

Other contributory causes of importance
Artero Sclerosis

Date of onset
Artero Sclerosis
1933

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 _____, 1936

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) T. R. Ferlin, M. D.
(Address) St. Charles, MO

