

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

Do not use this space.

1. PLACE OF **OCT. 20 1936**  
 County **BUCHANAN** Registration District No. **85**  
 Township **WASHINGTON** Primary Registration District No. **1001**  
 City **ST. JOSEPH,** (No. **1702 CENTER ST.**) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. **48961**  
 Registered No. **1214**

2. FULL NAME **INFANT DALE**  
 (a) Residence, No. **1702 CENTER** 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX **MALE** 4. COLOR OR RACE **WHITE** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **INFANT**  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **INFANT**  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **SEPTEMBER 25, 1936**  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
**0 0 0**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **SEPTEMBER 25, 1936**  
 22. I HEREBY CERTIFY, That I attended deceased from **Sept 25**, 19**36**, to **Sept 25**, 19**36**  
 I last saw h. **in** alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at **3:00 P.M.**  
 The principal cause of death and related causes of importance were as follows:

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

*Still Born*  
 Other contributory causes of importance:  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **ST. JOSEPH, MISSOURI**  
 FATHER  
 13. NAME **FREDERICK JOSEPH DALE**  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **KANSAS CITY, KANS.**  
 MOTHER  
 15. MAIDEN NAME **EVELYN MAY ROARK**  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **SCOTT CITY, KANS.**

17. INFORMANT **FREDERICK JOSEPH DALE** (ADDRESS)  
 18. BURIAL, CREMATION, OR REMOVAL  
 PLACE **KANSAS CITY, KANS.** DATE **SEPT. 26, 1936**  
 19. UNDERTAKER **FLEEMAN & SON, INC.** (ADDRESS) **1946 COLLEGE ST.**

20. FILED **9-25-36** **H. H. Westphal** Registrar.

24. Was disease or injury in any way related to occupation of deceased? **No**  
 If so, specify **C. Bronson**, M. D.  
 (Address) **6207 Kansas St. Joseph, Mo.**

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.

