

FEB 25 1937

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

Do not use this space.

171

## 1. PLACE OF DEATH

County BooneRegistration District No. 73Township ColumbiaPrimary Registration District No. 3006City Columbia (No. ....)

St. .... Ward)

2. FULL NAME Ronald Edward Dinecol(a) Residence, No. 716 West St. 1 Ward. ....

(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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-23-377. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
0 0 08. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Infant9. 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) (STATE OR COUNTRY) Columbia Missouri13. NAME Edward Dinecol14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone15. MAIDEN NAME Juanita Morrow16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT Edward Dinecol (ADDRESS) Columbia18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia, Mo DATE 1-25 193719. UNDERTAKER Porter Jones Co (mrd) (ADDRESS) Columbia20. FILED 1/25/37 1937 Allie Selby Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-23-193722. I HEREBY CERTIFY, That I attended deceased from 1-23- 1937, to 1-23- 1937I last saw h. alive on 1-27 1937. Death is said to have occurred on the date stated above, at 230A m.

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

Bone dead - cause not known

Date of onset

Other contributory causes of importance:

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 ..... 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) AWG Humphreys M. D.(Address) Columbia

