

FEB 25 1937

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

Do not use this space.

1447

1. PLACE OF DEATH

County Gaston Registration District No. 399  
Township New Primary Registration District No. 100  
City Carson City St. Lukes Hosp

File No. \_\_\_\_\_  
Registered No. 1226  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Arthur C. Dale

(a) Residence, No. 1226 Campbell 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

3. SEX m 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
65

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steam fitter  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 79  
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) Ireland

MOTHER 13. NAME Jhn Dale

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Helen Loverson

(ADDRESS) Loverson

18. BURIAL, CREMATION, OR REMOVAL PLACE Loversons, Kan DATE Jan 18 1937

19. UNDERTAKER Denis & John Co

(ADDRESS) 20 W. Greenwood

20. FILED Jan 15 1937 M. M. Loverson  
dear Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/16/37, 19

22. I, Deputy Coroner, That I attended deceased from \_\_\_\_\_, 19

I last saw him alive on 1307, 19

Death is said to have occurred on the date stated above at \_\_\_\_\_ m.

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

Spotted typhoid fever  
Chemical burns of  
face lower extremities (line).  
Bronchopneumonia

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 cause (accident, fill in month, day, year, hour, minute, and second) \_\_\_\_\_

Accident, suicide, or homicide \_\_\_\_\_ Date of injury \_\_\_\_\_

Where did injury occur \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in a home, or in a public place.

Manner of injury Fallen into a vat of lime

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) [Signature], M. D.

(Address) [Signature]

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.

WITH UNPAID INK—THIS IS A PERMANENT RECORD

