MAR 13 1937

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

Do not use this space.

File No. 6381

Registered No. 1[illegible]

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. General Hospital 2002 St. Ward)
Registration District No.
Primary Registration District No. 399

2. FULL NAME Louis A. DALE
(a) Residence: No. 516 Cypress Avenue St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/14/1857.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	79	10	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. River Boat Pilot
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 44

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER
13. NAME Alford Dale
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky.

MOTHER
15. MAIDEN NAME Margaret Hardwick
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Enola Maupin
(ADDRESS) 516 Cypress, K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Washington DATE 2/12/37

19. UNDERTAKER Mellody - McGilley
(ADDRESS) K.C. Mo.

20. FILED 2-11 1937 M. M. Crowe, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/10/37, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....
I last saw h.... alive on ....., 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:

	Date of onset
Fracture of left femur	
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 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) ....., M. D.
(Address) .....

Deputy Coroner
2/10/37
575 N.
1860
Accident
Fall on sidewalk breaking
Public place
2/13/37