

Dr. Hendricks

APR 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Butler Registration District No. 89  
Township \_\_\_\_\_ Primary Registration District No. 3007  
City Poplar Bluff (No. 1222 Cole Avenue) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 11337  
Registered No. 98

2. FULL NAME Ulyss Grant Dare

(a) Residence, No. 1222 Cole Ave. 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 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 Sarah B. Dare

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 22, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
72 1 0

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

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

13. NAME William Dare

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

15. MAIDEN NAME Edwards

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT Earl Dare (ADDRESS) Cape Girardeau, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE March 23, 1937

19. UNDERTAKER Greer Funeral Service (ADDRESS) Poplar Bluff, Missouri

20. FILED 3/23 1937 Obstetrical Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-1 1937, to 3-22 1937

I last saw him alive on 1-2 1937 Death is said to have occurred on the date stated above, at 11:40 A.M.  
The principal cause of death and related causes of importance were as follows:

Encephalomalacia Date of onset 1928

Other contributory causes of importance:  
arteriosclerosis  
arteriosclerosis

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. H. H. H., M. D.  
(Address) Poplar Bluff, 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.

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