

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

Do not use this space.

JUN 29 1937

21247

1. PLACE OF DEATH

County St. Louis, and Registration District No. 333
 Township St. Ferdinand Town Primary Registration District No. 4468
 City Jurgeson Iowa (No. R. B. Florissant) St. _____ Ward _____

File No. _____
 Registered No. 109

2. FULL NAME John Emory Dale

(a) Residence, No. Florissant, Mo. 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 Anna Belle Dale

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 25th, 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	75	6	2	

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

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) Muncey Ind.

13. NAME Phillip Amos Dale

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

15. MAIDEN NAME Elizabeth Love

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

17. INFORMANT John Dale
 (ADDRESS) Florissant, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Coldwater Cemetery 5/31/37, 1937

19. UNDERTAKER Proyost and Co.
 (ADDRESS) 3710 N. Grand Blvd.

20. FILED May 29th 1937 W. A. Ziebler
 Registrar.

Orville Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/27/37, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-8, 1937, to 5-27, 1937.

I last saw him alive on 5-27, 1937. Death is said

to have occurred on the date stated above, at 6:30 a.m.

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

Uremia
Senility

Date of onset

Other contributory causes of importance:

Chronic nephritis
" arteriosclerosis
" diabetes

Name of operation _____ Date of _____

What test confirmed diagnosis physical 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 _____, 1937

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 Yes
 (Signed) Leo H. Kunkel, M. D.

(Address) 340 Berne

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. PHYSICIANS should state

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