

AUG 2 1937

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

Do not use this space.

4/6

1. PLACE OF DEATH  
County Amuel Registration District No. 384  
Township Amuel Primary Registration District No. 5835  
City (No. St. Ward)

File No. 27365  
Registered No.

2. FULL NAME Irma Dine  
(a) Residence, No. West Plains County Home (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. 16 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) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF not known

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
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OCCUPATION  
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) Missouri

MOTHER FATHER  
13. NAME John Dine

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

15. MAIDEN NAME not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT (ADDRESS) L. A. Bryan

18. BURIAL, CREMATION, OR REMOVAL PLACE County Cemetery DATE May 27, 1937

19. UNDERTAKER (ADDRESS) L. A. Bryan

20. FILED 7-23, 1937 W. A. W. SIMONS Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1937 to May 26, 1937.  
I last saw him alive on May 21, 1937. Death is said to have occurred on the date stated above, at 1:18 p.m.

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

Tuberculosis of lungs Date of onset

Other contributory causes of importance: 3

Name of operation Date of  
What test confirmed diagnosis? Chin 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  
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? No

If so, specify (Signed) J. W. Bingham, M. D.  
(Address) West Plains, 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.

