

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.

*Barrington*

OCT 15 1937

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

Do not use this space.

33506

1. PLACE OF DEATH  
 County Adair Registration District No. 2  
 Township Murphy Primary Registration District No. 5007  
 City Stahl, Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Dolores Allene Dauber  
 (a) Residence, No. Stahl, 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) X

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF None

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31, 1937

|              |           |           |  |
|--------------|-----------|-----------|--|
| 7. AGE YEARS | MONTHS    | DAYS      | If LESS than 1 day, _____ hrs. or _____ min. |
| <u>None</u>  | <u>1.</u> | <u>25</u> |  |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1937, to Sept 26, 1937  
 I last saw her alive on Sept 26, 1937 Death is said to have occurred on the date stated above, at 8:30 P m.  
 The principal cause of death and related causes of importance were as follows:  
Conjunctal Tubercular Heart Disease  
 Other contributory causes of importance: 157C

Name of operation None 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 J. P. Garrison, M. D.  
 (Signed) Younger Mo.  
 (Address)

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stahl, Mo.

MOTHER FATHER

13. NAME Rev. Chester M. Dauber

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tecumseh, Okla.

MOTHER

15. MAIDEN NAME Katherine Nickel

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

17. INFORMANT Mrs C M Dauber  
 (ADDRESS) R.F.A. Stahl Mo

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Green Grove DATE SEPT 27, 1937

19. UNDERTAKER Davis Funeral Home  
 (ADDRESS) Kirkville, Mo.

20. FILED 9/27 1937 J.S. Hachinski  
 Registrar.

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