

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

Do not use this space.

OCT 21 1937

1. PLACE OF DEATH

County Livingston Registration District No. 5-18 File No. 34686
Township Blue Mound Primary Registration District No. 5-674 Registered No. 13
City..... (No....., St..... Ward)

2. FULL NAME Dale Wayne Durnil

(a) Residence, No..... St..... Ward..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 2 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 17, 1935

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>2</u>	<u>0</u>	<u>0</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>At Home</u>
	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) Livingston County
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Rex Durnil

14. BIRTHPLACE (CITY OR TOWN) Tina, Missouri
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Adaline Pattie
Carrol County

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

17. INFORMANT Rex Durnil
(ADDRESS) Chillicothe, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Coloma DATE Sept. 19, 1937

19. UNDERTAKER F. B. Norman
(ADDRESS) Chillicothe, Missouri

20. FILED Sept 18, 1937 Wesley A. Haynes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 17, 1937

I HEREBY CERTIFY That I attended deceased from Did not attend to Decem, 1937

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 4:45 p.

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

Fracture of skull Date of onset 9/17/1937

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 9/17, 1937

Where did injury occur? Chillicothe, Mo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Head struck post of car
Nature of injury Fracture of skull

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) A. Calver D. Soren Chillicothe, Mo M. D.
(Address) Livingston Co

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.

