

NOV 22 1937

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

Do not use this space.

298
38456

1. PLACE OF DEATH Pettis
County Sedalia Registration District No. 668
Township Sedalia Primary Registration District No. 30321
City Sedalia (No. Bothwell Hoop) St. _____ Ward _____

File No. 294
Registered No. 668

2. FULL NAME Marion Albert Dial
Route 2, Nelson, Mo
(a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

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 Mrs. Edith Dial
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 15, 1880
7. AGE YEARS 57 MONTHS 2 DAYS _____ IF LESS THAN 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 15, 1937
22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1937, to Oct 15, 1937
I last saw him alive on Oct 15, 1937. Death is said to have occurred on the date stated above, at 8-2 m.
The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.

Cerebral hemorrhage Date of onset 10-15-37
arteriosclerosis
Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pettis County Missouri
13. NAME Steven Dial
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pettis County Missouri
15. MAIDEN NAME Margaret Dial
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pettis County Missouri

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

17. INFORMANT Mrs. Edith Dial (ADDRESS) Route 2, Nelson, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Salt Fork DATE 10/17/37
19. UNDERTAKER Duane Ewing (ADDRESS) Sedalia, Mo.
20. FILED 10-17-1937 Jean Slack Registrar

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) MO Slack, M. D.
(Address) Sedalia Mo

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.

