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.

DEC 17 1937

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

Dr. Lemmon

Do not use this space.

41290

File No. 1099

Registered No.

1. PLACE OF DEATH

County Greene — Registration District No. 318

Township — Primary Registration District No. 2001

City Springfield, Mo. (No. St. Johns Hosp. St. Ward)

2. FULL NAME Charles Dailey

(a) Residence, No. 1019 N. Main 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: Josephine Dailey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March, 10, 1864

7. AGE: Years 73 — Months 8 — Days 10 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Frisco R.R.

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): Brooklyn, New York

FATHER

13. NAME: John Dailey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER

15. MAIDEN NAME: Margaret Dillon

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

17. INFORMANT (ADDRESS): Josephine Dailey, Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Mary DATE Nov. 22, 1937

19. UNDERTAKER (ADDRESS): H. H. Lohmeyer Funeral Home, Springfield, Mo.

20. FILED Nov 22, 1937 Chas A George MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10/20, 1937, to 11/20, 1937. I last saw him alive on 11/20, 1937. Death is said to have occurred on the date stated above, at 2 p.m.

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

	Date of onset
Cerebral arteriosclerosis	2
Other contributory causes of importance:	
Cerebral thrombosis	10/20/37
Urinary retention	"

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? 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? No

If so, specify

(Signed) J. B. Lemmon, M. D.

(Address) Springfield, Mo.