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.

JAN 19 1938

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

Do not use this space.

1. PLACE OF DEATH
County Jasper
Township McDonald
City ..... No. ..... St. ..... Ward)

Registration District No. 419
Primary Registration District No. 5573

File No. 45733
Registered No. .....

2. FULL NAME Dale Herman

(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

3. SEX M
4. COLOR OR RACE W
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) Dec 27 1937

7. AGE YEARS — MONTHS — DAYS 2 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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. —
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) Carthage Mo Route 1

FATHER
13. NAME George Herman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waupun Wisc.

MOTHER
15. MAIDEN NAME Marie Zoet
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Filmore Mich

17. INFORMANT (ADDRESS) George Herman Carthage Mo

18. BURIAL, CREMATION, OR REMOVAL Hervey Cem. DATE Dec 31 1937

19. UNDERTAKER (ADDRESS) Engelage Funeral Home Sarcoxie Mo

20. FILED Dec 30 1937 Mrs. W. A. Hall Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 29 1937

22. I HEREBY CERTIFY, That I attended deceased from 12/27 1937, to 12/29 1937
I last saw him alive on 12/29 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:

Date of onset

Birth injury from pressure on skull.

Other contributory causes of importance:

160 B

Name of operation ..... 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 .....
(Signed) L. A. Peterson D.O., M.D.
(Address) Sarcoxie Mo