

REC'D NOV 18 1938

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

35372
Do not use this space.

1. PLACE OF DEATH

(a) County Cass Registration District No. 160
(b) Township West Molare Primary Registration District No. 6-226 Registered No. _____
(c) City _____ (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

4-18-38
Douglas Dale
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary G Beard</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 28 - 1866</u>		
7. AGE YEARS <u>72</u>	MONTHS <u>4</u>	DAYS <u>12</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farmer</u>		
9. Industry or business in which work was done, as saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year) <u>July 19 38</u>		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cass Co Mo.</u>		
13. NAME <u>Tilman Dale</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Nobleville Ind.</u>		
15. MAIDEN NAME <u>Sarah Bauchert</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Nobleville Ind.</u>		
17. INFORMANT <u>Rouie Zion</u> (ADDRESS) <u>West Olive Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Shenandoah</u> DATE <u>Oct. 12 38</u>		
19. FUNERAL DIRECTOR <u>Geo. E. Myers</u> (ADDRESS) <u>Cleveland Mo.</u>		
20. FILED <u>Oct 12 38</u> <u>Kenneth Johnson</u> <u>Mary W. ...</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-10-38

22. I HEREBY CERTIFY, That I attended deceased from March 13 38 to Oct 10 38
I last saw him alive on Oct - 7 - 38 Death is said to have occurred on the date stated above, at 9:30 P.M.
The principal cause of death and related causes of importance were as follows:
Mediastinal Carcinoma Date of onset 1937

Other contributory causes of importance: H

Name of operation _____ Date of _____
What test confirmed diagnosis? X-Ray 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) W. A. MOORE M. D.
151 (Address) Cleveland Mo.

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.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

_____ Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)