

JAN 17 1938

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

44157

## 1. PLACE OF DEATH

County

Registration District No.

399  
10021

File No.

5060

Township

Primary Registration District No.

Registered No.

City

St.

Ward

## 2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Ward.

(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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Male

Negro

married

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

Bessie Dale

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

July-1-1883

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

57

10

15

OCCUPATION

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

Laborer

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

Grain Elevator

10. Date deceased last worked at this occupation (month and year)

2-10-37

11. Total time (years) spent in this occupation

1 mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Liberty, Mo.

13. NAME

Elizabeth Dale

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

Mo

15. MAIDEN NAME

Ella Hines

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

Mo

17. INFORMANT (ADDRESS)

Bessie Dale

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Liberty, Mo.

DATE

Dec. 18 1937

19. UNDERTAKER (ADDRESS)

Church - Archer Co.

20. FILED

Dec 16 37 M. M. C. bowe

Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

Dec. 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12/15/37 to 12/16/37

I last saw him alive on 12/16/37 Death is said

to have occurred on the date stated above, at ..... m.

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

Date of onset

Generalized 12/1

Peritonitis - Ruptured 5

Appendix

Other contributory causes of importance:

Acute T. d. m. a

Name of operation none

Date of

What test confirmed diagnosis? Was there an autopsy? Yes

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) Eugene P. Jones, M. D.

(Address) 1214 Vine, Liberty, Mo

