

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

Do not use this space.

22047

1. PLACE OF DEATH

County District Registration District No. 512
Township Greene Primary Registration District No. 5382
City Utica (No. _____) St. _____ Ward _____

File No. _____
Registered No. 6

2. FULL NAME

(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 20 yrs. 8 mos. 0 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) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17, 1931

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

22. I HEREBY CERTIFY That I attended deceased from June 15, 1931, to June 17, 1931

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-11-1910

I last saw him alive on June 16, 1931. Death is said to have occurred on the date stated above, at 9:45 A. m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
20 8 6

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. Balancer 2nd

Multiple fractures of hips & buttocks Date of onset 6/1/31
1.50
1.50

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 _____

Other contributory causes of importance:
Acute nephritis (glomerular) 6/11/31

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buster City Okla

FATHER 13. NAME William H Dale

Name of physician W. H. Gordon Date of _____

MOTHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dixler Mo

What was the final diagnosis? Cholera Was there an autopsy? no

15. MAIDEN NAME Mary C. Leason

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

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

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

17. INFORMANT William H Dale (ADDRESS) Utica Mo

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Utica DATE June-19-1931

24. Was disease or injury in any way related to occupation of deceased? no

19. UNDERTAKER J. D. Gordon (ADDRESS) Lehillicachs Mo

If so, specify _____ (Signed) J. W. Carpenter, M. D.
(Address) Utica Mo

20. FILED June 18 1931 Amos Carpenter Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 25 1931

