

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

Do not use this space
Dr. J. H. House
5182

1. PLACE OF DEATH
39 County Greene Registration District No. 318
Township _____ Primary Registration District No. 20011
City Springfield Mo. #98 E. Grand _____ St. _____ Ward _____
2. FULL NAME Sarah Jane Dale
(a) Residence, No. 498 E. Grand 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBANDS OF (OR) WIFE OF H. E. Dale
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 19 - 1852
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 80 8 6
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home
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) Springfield Missouri
13. NAME W. R. Robertson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.
15. MAIDEN NAME Austin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
17. INFORMANT (ADDRESS) J. L. Robertson Springfield Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Forestwood DATE Aug 27 1933
19. UNDERTAKER (ADDRESS) Alma Johnson Springfield Mo.
20. FILED 8 7 26 1933 Ralph W. Vaughn Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 25 - 1933
22. I HEREBY CERTIFY, That I attended deceased from June 30 1933 to August 25 1933
I last saw him alive on August 25 1933 Death is said to have occurred on the date stated above, at 10:35 p.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Myocarditis Date of onset
Other contributory causes of importance:
Muco-Catarrh of Stomach
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) M. J. House, M. D.
(Address) 324 Laurier Bldg

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.

SEP 26 1933

A PERMANENT

WILL OF FADING

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