

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

Do not use this space.

AUG 27 1935

23376 ✓

1. PLACE OF DEATH

County Jackson Registration District No. 404
 Township Washington Primary Registration District No. 5558
 City (No.) St. Ward

2. FULL NAME

Mrs. Emily McSpadden Dale

(a) Residence, No. (Usual place of abode) St. 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 <u>Female</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>Jacobs Dale</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11/17/1858</u>		
7. AGE YEARS <u>77</u>	MONTHS <u>6</u>	DAYS <u>20</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>		If LESS than 1 day, hrs. or min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation.
10. Date deceased last worked at this occupation (month and year)		

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

13. NAME N. E. McSpadden

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

15. MAIDEN NAME Martha Wilson

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

17. INFORMANT (ADDRESS) Mrs. Naomi Ray
Martin City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bryant Cem. DATE 7/9

19. UNDERTAKER (ADDRESS) E. R. George & Sons
Bellvue Mo.

20. FILED 7/9 1935 A. T. George
Dep. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7 1935

22. I HEREBY CERTIFY, that I attended deceased from June 29 1935 to July 7 1935
 I last saw h. ex. alive on June 29 1935 Death is said to have occurred on the date stated above, at 4:00 P.M.

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

Cerebral hemorrhage (apoplexy)
Art. scler. & hypertension
 Date of onset

Other contributory causes of importance:

Art. scler. & hypertension

Name of operation none Date of

What test confirmed diagnosis? clinical 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

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) Ada B. Rader M. D.
 (Address) Martin City, 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.

WHILE TRAINING, WITH OBTAINING THIS IS A PERMANENT RECORD

