

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

Do not use this space.

JAN 10 1937

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis, Mo.** (No. **Barnes Hospital**)..... St. Ward)

File No. **46242**
 Registered No. **12027**

2. FULL NAME Winfield Scott Dial

(a) Residence, No. St. **NR** Ward. **Houston, Mo.**
 (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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 20th, 1872**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	64	7	16	

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

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) **Houston, Missouri**
 (STATE OR COUNTRY)

13. NAME **James S. Dial**

14. BIRTHPLACE (CITY OR TOWN) **Bowling Green, Kentucky**
 (STATE OR COUNTRY)

15. MAIDEN NAME **Sarah Dixon**

16. BIRTHPLACE (CITY OR TOWN) **Old Frankford, Illinois**
 (STATE OR COUNTRY)

17. INFORMANT **Emma Dial**
 (ADDRESS) **Houston, Missouri**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Houston, Mo.** DATE **December 9, 1936**

19. UNDERTAKER **Albert H. Honne,**
 (ADDRESS) **429 N. Euclid Avenue**

20. FILED **DEC 7 1936** **J. Predeck**
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 7, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **12-5** 19**36**, to **12-7** 19**36**

I last saw him alive on **12-7** 19**36** Death is said to have occurred on the date stated above, at **7:05 a.m.**

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

Generalized Infection, ? type
Cellulitis of rt. hip.
Diabetes mellitus
Bronchopneumonia

Date of onset

Other contributory causes of importance: **59.**

Name of operation..... 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) **A. B. Phillips** M. D.
 (Address) **Barnes Hospital**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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