

JUL 3 0 1937

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

Do not use this space.

24204

1. PLACE OF DEATH

County Dwight Registration District No. 512  
Township \_\_\_\_\_ Primary Registration District No. 5682  
City Utica (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

2. FULL NAME Minnie M Dale

(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 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 HUSBAND OF (OR) WIFE OF John D Dale  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 10 - 1869  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
68 3 1

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
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) Utica Mo

MOTHER FATHER  
13. NAME Elias Smith

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

15. MAIDEN NAME Nancy J Smith

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

17. INFORMANT (ADDRESS) John D Dale Utica Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Utica Mo DATE June 13 1937

19. UNDERTAKER (ADDRESS) East Gordon Columbus Mo

20. FILED June 14 1937 Hazel Stamps Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 23 1937 to June 11 1937

I last saw her alive on June 11 1937. Death is said to have occurred on the date stated above, at 12:30 pm.

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

Toxic thyroiditis Date of onset 1922  
Nephritis 1936  
Other contributory causes of importance: 66 Pa  
Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Consultation Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? No Date of injury No  
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 None  
Nature of injury None

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

If so, specify \_\_\_\_\_  
(Signed) John H. Hamberman M. D.  
(Address) Chillicothe Mo

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.

