

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

7900
 Do not use this space.

1. PLACE OF DEATH
 (a) County Ray Registration District No. 744
 (b) Township or Richmond Mo. Primary Registration District No. 3035 Registered No. 275-14
 (c) City Richmond Mo. (d) Street No. 209 South Camden Street St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Lucy Ann Dale

(a) Residence, No. St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John W. Dale

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 5. 1855

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>84</u>	<u>84</u>	<u>5</u>	<u>1</u>	<u>1</u>

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Duties

9. Industry or business in which work was done, as 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) Unknown Va.

FATHER

13. NAME Jerry Bush

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Va.

MOTHER

15. MAIDEN NAME Elizabeth Wilhoit

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Va.

17. INFORMANT (ADDRESS) Earnest Dale Kansas City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond Mo. DATE Feb. 8. 1940,

19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. Thurman Richmond Mo.

20. FILED Feb 9 1940 Mabel Gibson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 6. 1940 1940

22. I HEREBY CERTIFY, That I attended deceased from 10-15, 1939, to 2-6, 1940

I last saw her alive on 2-6, 1940. Death is said to have occurred on the date stated above, at 7/25 P.M.

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

Carcinoma of Uterus

Date of onset ?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Phy. Ex. 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?
 If so, specify
 (Signed) J. J. Coates, M. D.
 (Address) Richmond, Mo.

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.

AUG 11 1940

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