

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.

APR 24 1933

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

Do not use this space.

10380

1. PLACE OF DEATH
County Montgomery Registration District No. 571
Township Walton Primary Registration District No. 4335
City California, Mo. St. _____ Ward)
2. FULL NAME Susie Melvina Dale
(a) Residence, No. 604 Bethel St. 3rd Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 13 yrs. 5 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 George P. Dale
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 11, 1852
7. AGE YEARS 81 MONTHS 2 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.
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) Cooper County Missouri
13. NAME Wm Harris
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
15. MAIDEN NAME Davis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee
17. INFORMANT Maggie E. Stotter (ADDRESS) California, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE California, Mo. DATE April 1 1933
19. UNDERTAKER W. W. Wilson & Sons (ADDRESS) California, Mo.
20. FILED Mar 31, 1933 Jas. W. Poth Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-31-1933
22. I HEREBY CERTIFY, That I attended deceased from 3-27-1933 to 3-31-1933
I last saw her alive on 3-31-1933 Death is said to have occurred on the date stated above, at 9 42 m.
The principal cause of death and related causes of importance were as follows:
Apoplexy
82A
Other contributory causes of importance:
Name of operation None Date of _____
What test confirmed diagnosis? Physical 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. Home
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) H. R. Popejoy, M. D.
(Address) California, Mo.

