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

Do not use this space.

APR 25 1934

PLACE OF DEATH
County RAY
Township ~~RICHMOND~~
City RICHMOND (No. ....., ..., St. ....., Ward)

Registration District No. 744
Primary Registration District No. 3035

File No. 10128
Registered No. 41

2. FULL NAME RENA 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: Fe.
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 Monroe Dale

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 6 1866

7. AGE: Years 67 | Months 5 | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

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) RAY CO MO

FATHER
13. NAME B. F. GRIFFING
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RAY CO MO

MOTHER
15. MAIDEN NAME MARTHA THOMPSON
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RAY CO. MO

17. INFORMANT MONROE DALE
(ADDRESS) RICHMOND, MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE RICHMOND MO DATE 3/27/34

19. UNDERTAKER C. M. JOINER
(ADDRESS) RICHMOND MO

20. FILED 4-9 1934 E. E. Gay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/25/34, 19

22. I HEREBY CERTIFY, That I attended deceased from 3-15, 1934, to 3-25, 1934
I last saw her alive on 3-25, 1934. Death is said to have occurred on the date stated above, at 10:10 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver 4 to 5	?
Other contributory causes of importance: Chronic Nephritis	?

Name of operation ..... Date of .....
What test confirmed diagnosis? Phys. Exam. Was there an autopsy? .....

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? No
If so, specify .....
(Signed) Thos J. Cook, M. D.
(Address) Richmond 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.