

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township St. Joseph Primary Registration District No. 1001
City St. Joseph (No.) St. (Ward)

File No. 29638
Registered No. 1097

2. FULL NAME

Stephen Miles Hale
(e) Residence No. 1308 1/2 St. 5 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 44 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 27-1837
7. AGE 89 YEARS MONTHS 10 DAYS 3 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) retired
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Maize Mo
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Samuel Miles Hale
11. BIRTHPLACE OF FATHER (CITY OR TOWN) DeLaware Co
(STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Susan Kelley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) DeLaware Co
(STATE OR COUNTRY) Kentucky

14. INFORMANT Jos M Hale
(Address) Dearborn, Mo

15. FILED 3 1927
John D. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 30- 1927
17. I HEREBY CERTIFY, That I attended deceased from Oct 1927, to Oct 30- 1927, and that I last saw him alive on Oct 30, 1927, and that death occurred, on the date stated above, at 6-30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
15 1/2
69 B
Coronary
Left Shoulder Blade (duration) yrs. mos. da.
CONTRIBUTORY Toxaemia
(SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Jos M Hale M. D.
10/31, 1927 (Address) Dearborn, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Mora Cemetery DATE OF BURIAL 11/1 1927

20. UNDERTAKER Fleeman Funeral Home ADDRESS 1208 Frames

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.

