

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

Do not use this space.

9359

1. PLACE OF DEATH

County Jackson Registration District No. 404 File No. \_\_\_\_\_  
Township Franklin Primary Registration District No. 1878 Registered No. 25  
City St. Louis (No. 1928 E 81st St) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence. No. 1928 E 81st St St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred 63 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Ellwood Hale

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 27<sup>th</sup> 1856

7. AGE: YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.  
72 6 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired  
(b) General nature of industry, business, or establishment in which employed (or employer) Eng Dept  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) N. Y.  
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Pyrus Hale

11. BIRTHPLACE OF FATHER (CITY OR TOWN) no data  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER no data

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) no data  
(STATE OR COUNTRY)

14. INFORMANT Rev B. J. Hale  
(Address) 416 W 17<sup>th</sup> St

15. FILED 4/11/28 O. P. Darnall REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/30/28 19

17. I HEREBY CERTIFY, That I attended deceased from Aug 15 to Mar 30 1928  
that I last saw him alive on Mar 30 1928, and that death occurred, on the date stated above, at 2:25 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Carcinoma of Larynx  
4 1/2 (duration) yrs. 1 mos. 0 da.  
CONTRIBUTORY Carcinoma metastasis  
(SECONDARY) to Bowel (duration) yrs. 1 mos. 0 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Examination of tissue  
(Signed) A. J. Laydell M. D.  
, 19 (Address) 706 N. Vista Bldg

\*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 Forest Hill Cem DATE OF BURIAL 4/2/28 19

20. UNDERTAKER W. F. Mayberry & Co ADDRESS City

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.

