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

Do not use this space.

2928

1929 81 0 0

1. PLACE OF DEATH
County: Phelps — Registration District No.: 678
Township: Meramec — Primary Registration District No.: 6906
City: ..... (No. ..... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME: William James Hale
(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: M.
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug. 8 - 1914

7. AGE: Years 14 — Months 5 — Days 19 — If LESS than 1 day, ..... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): St James
(STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: J A Hale
11. BIRTHPLACE OF FATHER (CITY OR TOWN): St James
(STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Jessie Greig
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): St James
(STATE OR COUNTRY): Mo

14. INFORMANT: J A Hale
(Address): St James Mo

15. FILED: 1-24, 1929 — Henry F Walters, REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 1-22 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1929, to Jan 22, 1929, that I last saw h. alive on Jan 30, 1929, and that death occurred, on the date stated above, at 7 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY): Chronic Colitis
(duration) ..... yrs. ..... mos. ..... ds.

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) Chas H Culbertson, M. D
, 19 (Address) St James 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: Adams Cem — DATE OF BURIAL: 1-24 1929
20. UNDERTAKER: W E Eckhlder — ADDRESS: St James 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.

WRITE PLAINLY. PRINT WITH INK OR PENCIL.

261