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

Do not use this space. Hays

26788 a

File No. .....

Registered No. 189

1. PLACE OF DEATH

County Vernon

Township Washington

City ..... (No. ....., ... St. ..... Ward)

Registration District No. 875

Primary Registration District No. 6162

2. FULL NAME Enoch L. Hale

(a) Residence. No. State Hospital #3 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. 28 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

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: Mary Susan Legan

6. DATE OF BIRTH (MONTH, DAY AND YEAR) ~~July~~ Jan. 3 1860

7. AGE: Years 69 | Months 6 | Days 27 | If LESS than 1 day, ... hrs. or ..... min.

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

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

PARENTS

10. NAME OF FATHER Lewis Hale

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) .....

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) .....

nothing known

14. INFORMANT Mrs. Mary Hale
(Address) Golden City Mo.

15. FILED 8-1-29 1929 E. R. King REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 30 1929

17. I HEREBY CERTIFY, That I attended deceased from July 2, 1929, to July 30, 1929, that I last saw him alive on ....., 1929, and that death occurred, on the date stated above, at 8 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral arteriosclerosis
926
77 (duration) ? yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Chronic myocarditis (duration) ..... yrs. ? mos. ..... ds.

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? Clinical
(Signed) T. T. O'Dell, M. D
7/30, 1929 (Address) Nevada 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: Golden City Mo | DATE OF BURIAL: Jul 31 1929

20. UNDERTAKER: A W Hays | ADDRESS: Nevada 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, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD

SEP 26 1929