

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

Do not use this space.

15995

1. PLACE OF DEATH

County Jackson
Township St Marys
City St Marys Hoop

Registration District No. 330
Primary Registration District No. 1100
(No. St Marys Hoop)

File No. 7723
Registered No. 7723
St. _____ Ward _____

2. FULL NAME

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

Clatsop Kas
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. _____ ds. How long in U.S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Frank E Hale</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 3rd 1874</u>		
7. AGE	YEARS <u>55</u>	MONTHS <u>11</u>
	DATE <u>28</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>at home</u> (b) General nature of industry, business, or establishment in which employed (or employer) <input checked="" type="checkbox"/> (c) Name of employer		

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

10. NAME OF FATHER
Jno P Dwyer

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

12. MAIDEN NAME OF MOTHER
No data

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

14. INFORMANT
(Address) Floyd E Hale 127 E 46th St

15. FILED 5/2 19 30 M.M. Brown REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/1/30 19

17. I HEREBY CERTIFY, That I attended deceased from May 1 1930 to May 1st 1930 that I last saw him alive on May 1st 1930, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Embolism
III A (duration) yrs. _____ mos. 1 ds.

CONTRIBUTORY (SECONDARY) 72 (duration) yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Home - 4736 Summit

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Usual

(Signed) R. B. Holt M. D.
5/2 19 30 (Address) 1001 Chambers 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 <u>Edgerton Kas</u>	DATE OF BURIAL <u>5/2/30 19</u>
20. UNDERTAKER <u>H. J. Mayberry</u>	ADDRESS <u>City</u>

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.

Chambers
5928 Rockhill