WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

16130

1. PLACE OF DEATH
County Jackson
Township Kan
City of Kansas City (No. 3217 Jefferson St. Ward)
Registration District No. 399
Primary Registration District No. 2
File No.
Registered No. 2438

2. FULL NAME James M. Hale
(a) Residence. No. 3217 Jefferson 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
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 /

6. DATE OF BIRTH (MONTH, DAY AND YEAR) unknown

7. AGE: about 63 YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ....min.

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)
(c) Name of employer

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

PARENTS
10. NAME OF FATHER James Hale
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) unknown
12. MAIDEN NAME OF MOTHER unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) unknown

14. INFORMANT Leroy Hale
(Address) 3517 Jefferson

15. FILED 5/12, 1930 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 9 1930

17. I HEREBY CERTIFY, That I attended deceased from Apr. 5, 1930, to May 9, 1930 that I last saw him alive on May 9, 1930, and that death occurred, on the date stated above, at 6:55 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis Chronic
93C
97 (duration) / yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
(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? no
WHAT TEST CONFIRMED DIAGNOSIS? usual tests

(Signed) Ward Hedenard M.D.
5-10-, 1930 (Address) 3232 Summit

*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: Mt. St. Mary's Cem. DATE OF BURIAL: 5/12/1930

20. UNDERTAKER: F. Donnell Co. ADDRESS: 3256 Broadway

Dr. Leonard
3232 Summit
La 1573