

WRITE FULLY, 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.

OCT 28 1930

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

Do not use this space.

29210

1. PLACE OF DEATH

County Buchanan
Township _____
City St. Joseph, (No. _____)

Registration District No. 85
Primary Registration District No. 1001
Missouri Methodist Hospital

File No. _____
Registered No. 1062
St. _____ Ward _____

2. FULL NAME

Sarah J. Hale,

(a) Residence. No. _____ St. _____ Ward. Highland, Kansas,
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John R. Hale,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 21, 1850.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
79 9 5

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home,
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Michigan,

10. NAME OF FATHER Elijah Benfer,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Unknown,
12. MAIDEN NAME OF MOTHER Unknown,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Unknown,

14. INFORMANT Mrs B. A. A. A.
(Address) Highland, Kansas,

15. FILED 26 19 30
John G. J. REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 26 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1930, to Sept 26, 1930, that I last saw h. Sept 26 alive on Sept 26, 1930, and that death occurred, on the date stated above, at 4:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 186A
Explosion following 1915
fracture of hip at age
50 (Was strapping on
pick ups egg) June 11
ds.

CONTRIBUTORY (SECONDARY) old age
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED 185
IF NOT AT PLACE OF DEATH Highland, Kansas

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical Course
(Signed) W. J. Walker M. D.
Sept 26 1930 (Address) St. Joseph, 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 Highland, Ks. via auto DATE OF BURIAL Sept. 28 1930

20. UNDERTAKER W. Adams - Billots & Bowman ADDRESS 319 S. 10 St.

Funeral Home

