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

Do not use this space.

782

FEB 18 1931

1. PLACE OF DEATH

County Dunklin — Registration District No. 288

Township — Primary Registration District No. 4172

City Kennett Mo (No. ..... St. ..... Ward)

File No. .....

Registered No. .....

2. FULL NAME Sarah L. 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: Fem
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: J. A. Hale

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 14-1845

7. AGE: 85 YEARS, 9 MONTHS, 26 DAYS. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: —
(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): Tenn

PARENTS

10. NAME OF FATHER: C. A. Rauls
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Tenn
12. MAIDEN NAME OF MOTHER: Susan Turnage
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): N C

14. INFORMANT: Mrs L. Benson
(Address) Kennett Mo

15. FILED 1/12, 1931 Wheeler Davis, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 1-10 1931

17. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1924 to Jan 10, 1931 that I last saw her alive on Dec 13, 1930 and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Senility

(duration) 6 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Chronic
Enteritis (duration) ..... yrs. 6 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? no DATE OF ①
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) T. J. Rigton, M. D
1-12, 1931 (Address) Kennett 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: Oak Ridge Cem — DATE OF BURIAL: Jan 12 1931

20. UNDERTAKER: A. C. Lansdell — ADDRESS: Kennett 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.