Rev. F.W. Beale

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

Do not use this space.

40635

File No.

Registered No. 845

1. PLACE OF DEATH

County Greene. Registration District No. 318

Township S. Campbell Primary Registration District No. 2001

Springfield Mo (No. 751 S. Missouri St. Ward)

2. FULL NAME John Alexander Hale.

(a) Residence, No. 751 S. Missouri St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Former Single.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 4 1871

7. AGE: Years 60 Months 9 Days 1 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

FATHER

13. NAME: Reuben L Hale

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

MOTHER

15. MAIDEN NAME: Sarah L Day.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT (ADDRESS): Robert R Hale 751 S Missouri

18. BURIAL, CREMATION, OR REMOVAL: PLACE Odd Fellows Springfield Mo. DATE Dec. 7 1931

19. UNDERTAKER (ADDRESS): Floyd W Fox 629 W Walnut

20. FILED 12-5-1931 Fon Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 6 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1931, to Dec 5, 1931. I last saw him alive on Dec 1, 1931. Death is said to have occurred on the date stated above, at 6 A.m. 1931.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral regurgitation of Heart	
92A	

Other contributory causes of importance: None

Name of operation: None Date of: —

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) Jas. N. Brewer, M.D.

(Address) 737 E. Elm Springfield 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.