

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

Do not use this space.

20723

1. PLACE OF DEATH
 96 County St. Louis Registration District No. 790
 2 Township Central Primary Registration District No. 6033
 7 City Clayton (No. _____ St. _____ Ward _____)

2. FULL NAME Sammel J. Hails
 (a) Residence, No. St. Louis Co. Hospital Ward. _____
 (Usual place of abode) _____
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 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 Catherine Hails

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 18, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
67 5 2

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Conductor 102
 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) Illions 2

FATHER
 13. NAME Mark Hails
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illions

MOTHER
 15. MAIDEN NAME Vella Waters
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illions

17. INFORMANT (ADDRESS) John W. Hail
Texaco Hill

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE 6-17 1932

19. UNDERTAKER (ADDRESS) Louis H. Bobs
R.I.R.K.W.O.D. mo

20. FILED June 16, 1932 R. W. Sullivan
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1932, to June 15, 1932. I last saw h. i. v. alive on June 15, 1932. Death is said to have occurred on the date stated above, at 4:45 p. m. The principal cause of death and related causes of importance were as follows:
Cerebral Thrombosis
arterio sclerosis (General)
 Other, contributory causes of importance: _____

Name of operation _____ 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? _____
 If so, specify _____
 (Signed) J. S. Schell M. D.
 (Address) St. Louis Co. Hospital
Clayton, 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.

RECORD WITH OBTAINING INK—THIS IS A PERMANENT RECORD

JUN 27 1932

