

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

Do not use this space.

1. PLACE OF DEATH
 30 County Dallas Registration District No. 247
 Township Wilson Primary Registration District No. 5343
 City Longbank (No.) St. Ward

2. FULL NAME Nettie 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.

File No. 39046

Registered No. 13

PERSONAL AND STATISTICAL PARTICULARS

4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Tom J. Hale
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-2-1880
 7. AGE 52 MONTHS 14 IF LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
 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) West Fork Ark
 13. NAME Mich Berris
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia
 15. MAIDEN NAME Erskine
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Plain Grove Ark
 17. INFORMANT (ADDRESS) T. J. Hale Longbank Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE New Hope DATE Dec-18-32
 19. UNDERTAKER (ADDRESS) H. B. ...
 20. FILED 1-10-33 Registrar. W. H. ...

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-18-1932
 2. I HEREBY CERTIFY, That I attended deceased from 12-1- 1932 to 12-17- 1932
 I last saw her alive on 12-16- 1932. Death is said to have occurred on the date stated above, at 3 a.m.
 The principal cause of death and related causes of importance were as follows:
Diabetes
 Date of onset 1930
 Other contributory causes of importance: 59 57
 Name of operation none Date of
 What test confirmed diagnosis? Exempted as 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) O. C. ... M. D.
 (Address) ... Mo.

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.

JAN 23 1933

