

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

Do not use this space.

1488
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1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Kaw Primary Registration District No. _____
City Kansas City (No. 1000 east 34 st.) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME Robert G. Hail

(a) Residence, No. 1000 east 33 st. St. 6 Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 27 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

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Ellen W. Hail

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 8, 1865

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>67</u>	<u>1</u>	<u>6</u>		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Teller</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Bank</u>
	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) Kentucky

13. NAME John M. Hail

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Melissa P. Hale

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Mrs. Ellen W. Hail
(ADDRESS) 1000 east 33rd. st.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE 1-16-33

19. UNDERTAKER Freeman Mortuary
(ADDRESS) Kansas City, Mo.

20. FILED 1-14, 1933 M. M. Croome
cash Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-14-33, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1933, to Jan 14, 1933
I last saw him alive on Jan 7, 1933. Death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis Date of onset 1-14-33

Other contributory causes of importance:
Arterio Sclerosis 1930
Influenza 1-3-33

Name of operation none Date of _____
What test confirmed diagnosis Biopsy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury _____, 1933
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) R. S. Anderson, M. D.
(Address) Rosedale Ken

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

Dr. C. E. Randers
1401 S.W. Blvd.
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