

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

Do not use this space.

1. PLACE OF DEATH

2 County Andrew Registration District No. 16
 Township Rochester Primary Registration District No. 5020
 City Rochester (No. At home.) St. Ward)

File No. **18801**
 Registered No. 18

2. FULL NAME Alice M. Hale

(a) Residence, No. Rochester 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 Female 4. COLOR OR RACE White. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W.H. Hale

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 6, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 8 27

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.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Unk. (STATE OR COUNTRY) Illinois

13. NAME John Oliver

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

15. MAIDEN NAME Unknown

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

17. INFORMANT W.H. Hale (ADDRESS) Rochester No.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Auburn Cem. DATE June 6, 1933.

19. UNDERTAKER Frank D. Clark (ADDRESS) 5025 Kings & Illinois

20. FILED June 5 1933 Miss Bettie Burgess Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3 . 1933

22. I HEREBY CERTIFY That I attended deceased from June 3 1933, to June 3 1933

I last saw her alive on June 3 1933. Death is said to have occurred on the date stated above, at 11:00 A.M.
 The principal cause of death and related causes of importance were as follows:

Angina Pectoris Date of onset 6-3-33
94A 94A
 Other contributory causes of importance

Name of operation none Date of

What test confirmed diagnosis? Chemical 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) W.R. Wilson M. D.
 (Address) Rochester, 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.

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