

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

Do not use this space.

**1. PLACE OF DEATH**

9 County Saline Registration District No. 70  
Township Whitewater Primary Registration District No. 5109  
City..... (No.....) St..... Ward.....

File No. **18882**  
Registered No. 9

**2. FULL NAME**

Christopher C. Hals  
(a) Residence, No..... St..... 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**

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elizabeth Hals</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 4<sup>th</sup> 1847</u>				
7. AGE	YEARS <u>86</u>	MONTHS <u>2</u>	DAYS <u>27</u>	If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>mill</u>
	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)  
Ind

13. NAME Daniel Hals

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

15. MARDEN NAME Ann Marie Krueger

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

17. INFORMANT Barbara C. Cates  
(ADDRESS) Wendy

18. BURIAL, CREMATION, OR REMOVAL  
PLACE San Luis DATE 6/2 1933

19. UNDERTAKER W. L. Hals  
(ADDRESS) Saline, Mo.

20. FILED 6/2 1933 P. S. Staller  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1<sup>st</sup> 1933

22. I HEREBY CERTIFY That I attended deceased from Jan 1<sup>st</sup> 1932, to June 1<sup>st</sup> 1933  
I last saw him alive on May 15<sup>th</sup> 1933 Death is said to have occurred on the date stated above, at 4A AM.  
The principal cause of death and related causes of importance were as follows:

Senile Enteritis  
1703  
162 / 20  
Date of onset

Other contributory causes of importance:  
Senility

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

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) Edward Cates, M. D.  
(Address) Edgewood, 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.

JUN 20 1933

