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.

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

Do not use this space. 36835

1. PLACE OF DEATH
County Jackson — Registration District No. 400 — File No.
Township Prairie — Primary Registration District No. 5553B — Registered No. ~~400~~ 186
City ~~Jackson Co~~ Little Bend (No. Jackson Co. Home St. Ward)

2. FULL NAME James E. Hale
(a) Residence, No. Jackson Co. Home St., 1-E- 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: Male
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: Belle Hale
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 23 - 1862
7. AGE: YEARS 71 — MONTHS 6 — DAYS 4 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: unknown
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): Illinois

FATHER
13. NAME: unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

MOTHER
15. MAIDEN NAME: unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT (ADDRESS): J. W. Hostetter, Jackson Co. Home.
18. BURIAL, CREMATION, OR REMOVAL — PLACE: Maple Hill — DATE: Nov 29 1933
19. UNDERTAKER (ADDRESS): Kettleton, Kemo
20. FILED: Nov. 28 - 1933 — William L. Fields, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11-27-1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1933, to 11-27, 1933
I last saw him alive on 11-27, 1933. Death is said to have occurred on the date stated above, at 10:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile debility	
162	
16	

Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis? Clinical — 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? No
If so, specify
(Signed) J. W. Greene, M. D.
(Address) Independence, Mo.