

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.

JAN 25 1934
94

PLACE OF DEATH

County St. Francois
Township Randolph
City Cantwell (No.)

Registration District No. 779
Primary Registration District No. 6024A

File No. 41202
Registered No.
St. Ward

2. FULL NAME Irvin Lynn Hail

(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.

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>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Eliza Hail</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 17, 1853</u>		
7. AGE	YEARS <u>80</u>	MONTHS <u>1</u>
		DAYS <u>25</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>farming</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) <u>Missouri</u>		
MOTHER FATHER	13. NAME <u>Irvin Hail</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
	15. MAIDEN NAME <u>Elizabeth Smith</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT <u>Mrs. Eliza Hail</u> (ADDRESS) <u>Cantwell Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Herod</u> DATE <u>Dec. 14 1933</u>		
19. UNDERTAKER <u>C. J. Bayer</u> (ADDRESS) <u>Deerfield Missouri</u>		
20. FILED <u>12-14</u> , 1933. <u>R. D. Rester M.D.</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/14/1933, 1933

22. I HEREBY CERTIFY, That I attended deceased from 11/9, 1933, to 12/12, 1933
I last saw him alive on 12/12, 1933. Death is said to have occurred on the date stated above, at 7:25 P.M.
The principal cause of death and related causes of importance were as follows:
Prostate
Arterio sclerosis
18.00
137
137
Other contributory causes of importance:
Prostatitis with
hemorrhage as terminal } 6 mks
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 2, 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) W. T. Duckworth, M. D.
(Address) Deerfield Mo.

