

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

Do not use this space.

1. PLACE OF DEATH

County Madison
Township Joller mile
City Stevr Hale (No. _____)

Registration District No. 538
Primary Registration District No. 5726

File No. 25455
Registered No. 60 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 6 hrs. 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>W</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>Effie Hale</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 15 1872</u>		
7. AGE YEARS <u>62</u>	MONTHS <u>5</u>	DAYS <u>28</u>
8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. <u>Labourer</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) <u>Continuously</u>		11. Total time (years) spent in this occupation <u>/</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Madison Co Mo</u>		
13. NAME <u>Wm Hale</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>		
15. MAIDEN NAME <u>Nancy Silaggs</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
17. INFORMANT (ADDRESS) <u>Effie Hale</u> <u>Stevr Hale Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Buried Cemetery</u> DATE <u>7-13 1934</u>		
19. UNDERTAKER (ADDRESS) <u>None</u>		
20. FILED <u>July 12 1934</u> <u>S. C. Blaughter</u> Registrar. <u>By C. W. Schwane</u>		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-12 1934

22. I HEREBY CERTIFY That I attended deceased from Did not see patients alive, 19____
I last saw h..... alive on....., 19____. Death is said to have occurred on the date stated above, at 11:45 a.m.
The principal cause of death and related causes of importance were as follows:
Apoplexy
92A
25
4:30 PM
Other contributory causes of importance:
Epilepsy

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? No
If so, specify.....
(Signed) W. Harry Barron
(Address) Fredericktown Mo
Coroner Madison Co

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.

AUG 16 1934

