NOV 13 1934

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

Do not use this space.

File No. 35946

Registered No. 4441

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kansas — Primary Registration District No. 1002

City K.C. (No. St Mary's Hosp St. Ward)

2. FULL NAME Mrs Helen A. Hale

(a) Residence, No. 5924 Harrison St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Fe	wh	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Truman L Hale

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 24th 1893

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	40	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

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) Boonville Mo

FATHER

13. NAME James T Mills

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

MOTHER

15. MAIDEN NAME Betty Tucker

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

17. INFORMANT (ADDRESS) Truman L Hale 5924 Harrison

18. BURIAL, CREMATION, OR REMOVAL PLACE St Marys Crem DATE 10/4/34 19

19. UNDERTAKER (ADDRESS) H. T. Maghany

20. FILED 10/3 19 34 M. M. McCrow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 3 1934 19

22. I HEREBY CERTIFY, that I attended deceased from ..., 19..... I last saw h... alive on ..., 19..... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
Elevation of the brain	
Intracranial hemorrhage	

Other contributory causes (if any) were: Pneumonia

210M 1033 110 210

Name of operation ..... Date of ...

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external cause (violence), fill in the following:

Accident, suicide, or homicide? Cerebral Hem Date of injury Oct 3 1934

Where did injury occur? Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, home, or public place.

Manner of injury Cerebral hem Home

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) ..., M. D.

(Address) ...

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

100M-11-24-33