

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.

MAY 21 1935

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

Do not use this space.

11891

1. PLACE OF DEATH

County Bates Registration District No. 50  
Township \_\_\_\_\_ Primary Registration District No. 3004  
City Butler (No. Butler Memorial Hospital) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 32

2. FULL NAME John R. Hales

(a) Residence, No. Rich Hill Mo. 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>Harriet Hales</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 17 - 1855</u>				
7. AGE	YEARS <u>79</u>	MONTHS <u>9</u>	DAYS <u>7</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>Lawyer</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 <u>43 yrs.</u>			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr. 17 1935 to Apr. 24, 1935

I last saw him alive on Apr. 24, 1935 Death is said to have occurred on the date stated above, at 30 a.m.

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

Coronary Thrombosis  
948  
Coronary Sclerosis  
Date of onset \_\_\_\_\_

Other contributory causes of importance:

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

28. 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) \_\_\_\_\_, M. D.

(Address) Rich Hill, Mo.

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>
	13. NAME <u>John Hales</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>
	15. MAIDEN NAME <u>Mary Moody</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>
17. INFORMANT <u>Mrs Harriet Hales</u> (ADDRESS) <u>Rich Hill Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hume Mo</u> DATE <u>Apr-25</u> , 19 <u>35</u>	
19. UNDERTAKER <u>Pond + Beaujeu</u> (ADDRESS) <u>Rich Hill Mo</u>	
20. FILED <u>April 25</u> , 19 <u>35</u> <u>Anna E. Culver</u> Registrar.	

