

FEB 11 1936

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

Do not use this space.

3434

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1002**
City **St Louis** (No. **1500 Payne St.** **St Marys Inf**) File No. Registered No. **667**
St. Ward

2. FULL NAME

Howard Hale
(a) Residence, No. **731 Jefferson** St. **N.P.** Ward. **Brooklyn Ill**
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. **4** ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **Colored** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **widowed**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 10 - 1879**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. **56 8 2**
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Grocery Prop.**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Merchant.**
10. Date deceased last worked at this occupation (month and year) **Jan 1936** 11. Total time (years) spent in this occupation **10 yrs**
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Benedict Maryland**
13. NAME **John Hale**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Crockett Texas**
15. MAIDEN NAME **Sallie Bell**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Maryland**
17. INFORMANT **Bob Lee Hale**
(ADDRESS) **Brooklyn Ill.**
18. BURIAL, CREMATION, OR REMOVAL PLACE **St George Cemetery** DATE **Jan 17** 1936
19. UNDERTAKER **Brooklyn Ill**
(ADDRESS) **Brooklyn Ill**
20. FILED **JAN 18 1936** **J. P. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan 12** 19**36**
22. I HEREBY CERTIFY, That I attended deceased from **Jan 8** 19**36**, to **Jan 12** 19**36**
I last saw him alive on **Jan 12** 19**36**. Death is said to have occurred on the date stated above, at **3:30 a.m.**
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset **Jan 7-36**

Other contributory causes of importance:
None

Name of operation **None** Date of
What test confirmed diagnosis? **C.N.I.C.I.** 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? **N.P.**
If so, specify **St George Williams** M. D.
(Signed) **Louisa Williams**
(Address) **Brooklyn Ill**

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.

