Dr. Henderson

APR 15 1936

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

Do not use this space.

1. PLACE OF DEATH

County Butler — Registration District No. 89 — File No. 9496

Township — Primary Registration District No. 3007 — Registered No. 75

City Poplar Bluff (No. 324, South C St. Ward)

2. FULL NAME Ray Alexander Hale

(a) Residence, No. 324 South C St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 4 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)
male	white	single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 29, 1936

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
0	0	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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) Poplar Bluff Missouri

FATHER

13. NAME Lee Hale

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne County Missouri

MOTHER

15. MAIDEN NAME Irene Schritchfield

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne County Missouri

17. INFORMANT (ADDRESS) Lee Hale South C St. Poplar Bluff, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Chionia, Mo. DATE March 4, 1936

19. UNDERTAKER (ADDRESS) Greer Funeral Service Poplar Bluff, Missouri

20. FILED 3-5 1936 O. C. Gutsinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-29, 1936 to 3-5, 1936

I last saw him alive on 3-3-36, 19.... Death is said to have occurred on the date stated above, at 5:A. m.

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

Premature birth

Date of onset

Other contributory causes of importance:

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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?

If so, specify

(Signed) [signature], M. D.

(Address) Poplar Bluff Mo

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.

V. SPNO. 2 100M-11-24-33