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.

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

SEP 29 1936

Do not use this space.

33244

1. PLACE OF DEATH

County St. Louis, Mo. Registration District No. 1123 File No.

Township Carondelet Primary Registration District No. 6248 B Registered No. 320

City ~~Jefferson Barracks~~ (No. Vets. Adm. Fac. St. Ward)

2. FULL NAME Ben HAILS Hails

(a) Residence, No. 705 N. 22nd St., Ward. St. Louis Mo
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: COLORED

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Mrs. Katie Hails

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 20, 1891

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
45	4	17	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unavailable

10. Date deceased last worked at this occupation (month and year) unavailable

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waynesboro Georgia

FATHER

13. NAME unavailable

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unavailable

MOTHER

15. MAIDEN NAME unavailable

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

17. INFORMANT (ADDRESS) M. Schillig Clinical Clerk, Jeff. Bks. Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE National Cemetery Aug. 11, 1936

19. UNDERTAKER (ADDRESS) Charles G. Gates 4107 Finney Avenue

20. FILED Aug 10 1936 G. Mowry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from February 27, 1936, to August 7, 1936

I last saw him alive on August 7, 1936 Death is said to have occurred on the date stated above, at 4:35 a.m.

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

	Date of onset
Cirrhosis of liver	unkwn

1/2 4 6-1

Other contributory causes of importance:

Bleeding Esophageal Varix	unkwn

Name of operation none Date of

What test confirmed diagnosis? phy. exam. clinical manifestations laboratory 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?

If so, specify

(Signed) C. W. Hughes, M. D.

(Address) C. W. HUGHES, M.D. Chief Medical Officer. Jefferson Barracks Mo.