JAN 20 1937

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

Do not use this space.

41092

1. PLACE OF DEATH
County Howell — Registration District No. 384
Township — Primary Registration District No. 4227
City West Plains (No. ..., ... St. ... Ward)

File No. ...
Registered No. ...

2. FULL NAME James Lewis Bale

(a) Residence, No. ... 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 7, 1936

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
	5	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...
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) Oregon County, Mo.

FATHER
13. NAME Jas. Bale
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Ada Lowe
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Billings, Mo.

17. INFORMANT Jas. Bale
(ADDRESS) Rover, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Lawn DATE 11-8- 7, 1936

19. UNDERTAKER Robertson's Mortuary
(ADDRESS) West Plains, Mo.

20. FILED 11-7-, 1936 Vida W Simms
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1936 to Nov. 6, 1936
I last saw him alive on Nov. 6, 1936 Death is said to have occurred on the date stated above, at 7:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	

Other contributory causes of importance:
Malnutrition
Pylorospsasm

Name of operation ... Date of ...
What test confirmed diagnosis? exam 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? No
If so, specify ...
(Signed) E C Baker, M. D.
(Address) West Plains, Mo.

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.