

FEB 16 1937

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

✓ Do not use this space. *21*

44276

1. PLACE OF DEATH
34 County Douglas Registration District No. 934
 Township McClellan Primary Registration District No. 5000
 City Cabool Mo. (No. _____) St. _____ Ward _____

2. FULL NAME John M. Hale
 (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 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 5 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 8 19

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 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) 1930 11. Total time (years) spent in this occupation all yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

FATHER
 13. NAME W. M. Hale
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Madrid Mo.

MOTHER
 15. MAIDEN NAME Margaret Spooner
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT (ADDRESS) Mrs. Mary J. Peterson Cabool Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Cabool DATE Dec 26 1937
 19. UNDERTAKER (ADDRESS) Rayford V. Elliott Cabool Mo.
 20. FILED _____ 19 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 24 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 7:30 a.m.
 The principal cause of death and related causes of importance were as follows:
No Medical attention.
Doctor giving medicine had never been patient. Refused to sign Certificate.
Sick about 2 years.
 Other contributory causes of importance: _____
2000

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) _____, M. D.
 (Address) _____

2003

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

Do not use this space.

1. PLACE OF DEATH

County Douglas
Township The Winley
City _____

Registration District No. 957
Primary Registration District No. 5395

File No. _____
Registered No. 6
St. _____ Ward _____

2. FULL NAME

John M. Hale

(a) Residence, No. _____ St., No. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. 0 mos. 0 ds. How long in U.S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 24 1936

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 5, 1871

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day or less than 1 hr. 65 8 19

No medical attention Date of onset _____

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

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) 1936 Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

13. NAME W. M. Hale

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Madrid

15. MAIDEN NAME Margaret Sporeman

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

17. INFORMANT Mrs Mary J. Peterson

18. BURIAL, CREMATION, OR REMOVAL PLACE Calisal DATE Dec 26 1936

19. UNDERTAKER Gaylord O. Elliott

(ADDRESS) Calisal, Mo

20. FILED Feb 22, 1937 Faye Thornton Registrar

Other contributory causes of importance: _____

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) Faye Thornton M.D.

(Address) Calisal, Mo

DUPLICATE

S-44276