

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

Do not use this space.

**APR 21 1936**

**1. PLACE OF DEATH**

County Madison Registration District No. 538  
 Township Fredricktown Primary Registration District No. 3028  
 City Fredricktown (No. .... St. .... Ward)

File No. 47935  
 Registered No. 82

**2. FULL NAME** unnamed infant of Herbert Hale  
 (a) Residence, No. .... St. .... Ward. 1512m  
 (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** M **4. COLOR OR RACE** W **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (Write the word) single  
**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**  
**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** May 25 - 1936  
**7. AGE** YEARS MONTHS DAYS **If LESS than 1 day,** hrs. or min.

**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)** Fredricktown Mo

**MOTHER FATHER**  
**13. NAME** Herbert Hale

**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Bessville Mo

**MOTHER**  
**15. MAIDEN NAME** Pauline Sellards

**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Madison Co. Mo

**17. INFORMANT (ADDRESS)** Herbert Hale Fredricktown Mo

**18. BURIAL, CREMATION, OR REMOVAL PLACE DATE** Little Vines Mo Apr 26 1936

**19. UNDERTAKER (ADDRESS)** E. H. Webb Fredricktown Mo

**20. FILED** Apr 26 1936 S. A. Blaupfles Registrar

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** May 25 1936  
**22. I HEREBY CERTIFY, That I attended deceased from** May 25 1936 to May 25 1936  
 I last saw him alive on still born 3/5, 1936 Birth Death is said  
 to have occurred on the date stated above, at 10 P m.  
 The principal cause of death and related causes of importance were as follows:  
Still born

**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) W. E. Bruner, M. D.  
 (Address) Fredricktown 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. PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Ray C. D. Schwanev.

