

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

Do not use this space.

DEC 23 1937

42060

1. PLACE OF DEATH

County Ozark Registration District No. 645
Township Bridges Primary Registration District No. 5854
City (No) _____ St. _____ Ward _____

File No. _____
Registered No. 12

2. FULL NAME

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>✓</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 17, 1936</u>		
7. AGE	YEARS	MONTHS
	<u>1</u>	<u>3</u>
		DAYS
		<u>27</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>✓</u>		11. Total time (years) spent in this occupation
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)		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-20 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1937, to Nov 20, 1937
I last saw him... alive on Nov. 20, 19... Death is said to have occurred on the date stated above, at 6 P.M.
The principal cause of death and related causes of importance were as follows:

Branchial Pneumonia Date of onset _____

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) P. E. Bushong, M. D.
(Address) Gainesville, Mo.

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>MO</u>
	13. NAME <u>Albert Hale</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>MO</u>
	15. MAIDEN NAME <u>Mabel E. Hale</u>
INFORMANT	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>MO</u>
	17. INFORMANT (ADDRESS) <u>Albert Hale</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Reynolds Ave</u> , DATE <u>11-20 1937</u>	
19. UNDERTAKER (ADDRESS) <u>all death</u>	
20. FILED <u>11-27 1937</u> <u>J. T. White</u> Registrar.	

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1070

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

42060

Do not use this space.

1. PLACE OF DEATH

(a) County Ozark Registration District No. 645-
(b) Township Burdges Primary Registration District No. 5854 Registered No. _____
(c) City _____ (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Nettie Lucile Hale

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-20 1937

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

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____

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

I last saw h..... alive on _____, 19..... Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
1 3 4

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

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

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

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

11. Total time (years) spent in this occupation

Bacterial pneumonia
1072

Other contributory causes of importance:

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

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

17. INFORMANT (ADDRESS)

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.

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

Manner of injury _____

Nature of injury _____

19. FUNERAL DIRECTOR (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Joe E. Bushong, M. D.

(Address) Garnaville Mo

20. FILED 11/27 1937 J. T. White

Local Registrar.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

