

MAR 15 1930

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

Do not use this space.

6338

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125
Township P.R. Primary Registration District No. 5178
City P.R. (No. P.R.) St. P.R. Ward P.R.

File No. 56
Registered No. 56

2. FULL NAME

E. Harry Hale 400

(a) Residence, No. Cape Girardeau St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 29 - 1875

7. AGE YEARS 62 MONTHS 4 DAYS 19 If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

13. NAME Steve Hale

14. BIRTHPLACE (CITY OR TOWN) Don't know (STATE OR COUNTRY)

15. MAIDEN NAME Agnes Feutrie

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

17. INFORMANT (ADDRESS) Joe Hale
Cape Girardeau

18. BURIAL, CREMAT (OR) OR REMOVAL PLACE 2171 M. Cemetery DATE 2/17, 1930

19. UNDERTAKER (ADDRESS) Heenan & Esteb
Cape Girardeau

20. FILED 2-15-1938 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 7-15, 1938 to Feb. 15, 1938

I last saw him alive on Feb. 12, 1938 Death is said to have occurred on the date stated above, at 2:30 m.

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

Embolism, Coronary Date of onset 2-15-38
9413-

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? none 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 1

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.....
(Signed) Frank W. Hall, M. D.
(Address) Cape Girardeau

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.

