REC'D JUN 7 1938

1938

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

Do not use this space.

19581

File No. 925

Registered No.

1. PLACE OF DEATH

County: Saint Louis — Registration District No. 784

Township: Carondelet — Primary Registration District No. 200

City: ~~Jefferson Barracks~~ (No. Veterans Hospital St. Ward)

2. FULL NAME William F. HALE

(a) Residence, No. 1801 East High Street, St., Ward. Jefferson City, Missouri.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 20 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	Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1, 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	0	25	

OCCUPATION

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

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) Waco, (STATE OR COUNTRY) Texas.

FATHER

13. NAME Stephen Hale

14. BIRTHPLACE (CITY OR TOWN) Not known (STATE OR COUNTRY) Not known

MOTHER

15. MAIDEN NAME Mattie Adams

16. BIRTHPLACE (CITY OR TOWN) Hot Springs, (STATE OR COUNTRY) Arkansas.

17. INFORMANT Mrs. Mattie Pace (ADDRESS) Jefferson City, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Jefferson City Mo. DATE May 28, 1938

19. UNDERTAKER Albert H. Hoppe Inc., (ADDRESS) 429 N. Euclid Ave.

20. FILED JUN 2, 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1938, to May 26, 1938

I last saw him alive on May 26, 1938. Death is said to have occurred on the date stated above, at 3:55A m.

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

	Date of onset
Broncho-pneumonia, confluent, right lower and middle lobes.	Unkn.

Other contributory causes of importance:

None	Unkn.

Name of operation None Date of

What test confirmed diagnosis? Phy. clinical manif. and laboratory 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?

If so, specify

(Signed) C. W. HUGHES Chief Med. Officer M. D.

(Address) VAF Jefferson Barracks, Mo.

NOTE: 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.