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.

LEC'D APR 20 1939

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

Do not use this space.

11853

1. PLACE OF DEATH
County Pettis — Registration District No. 668 — File No.
Township — Primary Registration District No. 3032 — Registered No. 85
City Sedalia (No. , St. Ward)

2. FULL NAME Angeline Hale
(a) Residence, No. 504 West Pacific 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

3. SEX: F
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Exact not known

7. AGE: Abant — YEARS: 102 — 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.: House-Wife
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): Clarksburg Mo

FATHER
13. NAME: Don't Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

MOTHER
15. MAIDEN NAME: Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

17. INFORMANT (ADDRESS): Mrs. Mary Hamilton, 504 W. Pacific St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Sedalia — DATE: March 4, 1939

19. UNDERTAKER (ADDRESS): Price Alexander, 400 West Cooper St.

20. FILED: 3-3-, 1939 Mrs Harry Sneed, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2-28-, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-23-, 1939, to 2-28-, 1939
I last saw her alive on 2-28, 1939. Death is said to have occurred on the date stated above, at 7:30 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| ~~History 2 days~~ | 2-28-39 |
| Influenza | |
| | |
| | |
| | |

Other contributory causes of importance:
None
except Senility

Name of operation: None — Date of —
What test confirmed diagnosis? Clinical — 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? No
If so, specify
(Signed) Alfred E. Morrow, M. D.
(Address) 111 W 4 Sedalia Mo

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4/10/39