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.

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

32088
Do not use this space.

1. PLACE OF DEATH OCT 4 1939
(a) County Cape Girardeau Registration District No. 125
(b) Township Cape " " Primary Registration District No. 3-0-0-9 Registered No. 328
(c) City Cape (d) Street No. 5190 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 Raymond Hale
(a) Residence, No. Ancil Mo. St. Ancil Mo
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
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) Sept. 21, 1918
7. AGE YEARS 21 MONTHS DAYS 25 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Truck Driver
9. Industry or business in which work was done, as saw mill, bank, etc. Quarry.
10. Date deceased last worked at this occupation (month and year) Sept 26 1939
11. Total time (years) spent in this occupation

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

FATHER
13. NAME John Hale
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reynoldsville Illinois

MOTHER
15. MAIDEN NAME Stella Balden
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Popular Bluff Missouri

17. INFORMANT (ADDRESS) John Hale Ancil Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Morley Mo. DATE Sept. 27 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Brinkopf & Howell Cape Girardeau Mo.
20. FILED 9-26 1939 J. M. Thompson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-26, 1939
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at .....m.
The principal cause of death and related causes of importance were as follows:

Date of onset

We the Jury duly sworn by Coroner E. R. Pricky Cape County after hering the evidence given in the case. We the Jury find that the deceased Raymond Hale Came to his death by driving his truck over a Bluff into the Quarry a drop of 100

Other contributory causes of importance:
feet

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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 26 Sept. 1939
Where did injury occur? At the Rock Quarry in S. Cape (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. At the Rock Quarry in S. Cape
Manner of injury Driving Truck of Cliff
Nature of injury Skull fracture and Unturned dry

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) E. R. Pricky Coroner, M.D.
(Address) 4 S. Pacific St. Cape Girardeau Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to ... with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

32088
Do not use this space.

1. PLACE OF DEATH
(a) County: Cape G.
(b) Township: Cape G.
(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.

Registration District No. 125-
Primary Registration District No. 3179
Registered No. 328

2. PRINT FULL NAME: Raymond Hale
(a) Residence, No. ..... St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
21	-	25	

OCCUPATION
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

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)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE ..... DATE ....., 19..

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED ....., 19.. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-26, 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.., to ....., 19..
I last saw h... alive on ....., 19.. Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

Date of onset E.I.C.

We the jury sworn by Cor. Gentry Cape G. Co. after hearing evidence given in the case, the jury find the deceased Raymond Hale came to his death

Other contributory causes of importance:
by drowning his truck men & staff on the Overway Accident.

Name of operation ..... Date of .....
What test confirmed diagnosis? J.D. 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) E. R. Gentry Cor. M. D.
(Address) Cape Girardeau Mo.

SUPPLEMENTARY

CITY PHYS. ... should be st... AGE should be st... properly classified. Exact statement of OCCUPATION is very important.
... OF DEATH in plain ... this, so that it may ... IS ... WILL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
REG. ... Rev. 03

S-32088