

NOV 27 1939

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

36816

Do not use this space.

1. PLACE OF DEATH

(a) County Boone Registration District No. 650

(b) Township Richland Primary Registration District No. 5861

(c) City Booneville (d) Street No. _____ St. _____

(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME SARAH JANE HALE

(a) Residence, No. Dora Mo. St. _____ (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 17 - 1864

7. AGE YEARS 74 MONTHS 7 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.

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

9. Industry or business in which work was done, as saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 55

12. BIRTHPLACE (CITY OR TOWN) Booneville Mo. (STATE OR COUNTRY) Missouri

13. NAME Alvin Benson

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

15. MAIDEN NAME Martha Russell

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

17. INFORMANT (ADDRESS) J. H. Hale Dora Mo.

18. BURIAL, CREMATION, OR REMOVAL Buried

PLACE Ball DATE July 1939

19. FUNERAL DIRECTOR (NAME) J. H. Hale (ADDRESS) Dora Mo.

20. FILED Nov 10 1939 O. A. Craftbrook Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7 3 1939 1939

22. I HEREBY CERTIFY That I attended deceased from June 5 1937 to July 3 1939

I last saw him alive on July 1 1939 Death is said to have occurred on the date stated above, at 12-30 a.m.

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

Vascular Disease of Heart

Other contributory causes of importance: Senile Degeneracy

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) E. H. Taylor M. D.

(Address) Dora Mo.

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.

RECEIVED

District Health Officer No. 6,

District File Number 1139-2343

Date Filed NOV 13 1933

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 comply with the above constitutes grounds for revocation of license.)

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