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

Do not use this space.

36662

FILED NOV 25 1940

20

1. PLACE OF DEATH
County Webster — Registration District No. 901
Township West Benton — Primary Registration District No. 6209A
City Rogersville Mo (No. ..... St. ..... Ward)

File No. .....
Registered No. 77

2. FULL NAME Enoch C. Haile
(a) Residence, No. Rogersville 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: 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: Minnie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 16, 1884

7. AGE: Years 54 — Months 5 — Days 23 — If LESS than day, ...h ; or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Doctor, M.D.
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): Laclede Co. Kansas

FATHER
13. NAME: Lindsay B. Haile
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Laclede Co. Kansas

MOTHER
15. MAIDEN NAME: Mary Ann Prell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lacl. Co. Kansas

17. INFORMANT (ADDRESS): Mrs. Minnie Haile Rogersville Mo

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ PLACE: Cartersville Cem DATE: June 11, 1939

19. UNDERTAKER (ADDRESS): Kelley and Pirrell Rogersville Mo.

20. FILED 6-10-, 1939 G. L. Bassore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 9, 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 9:00 A.m.
The principal cause of death and related causes of importance were as follows:

Gunshot Wound in the Chest Self inflicted Accidently — Date of onset

Other contributory causes of importance:

184
17

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~~? Accident Date of injury June 9, 1939
Where did injury occur? Rogersville Mo (Specify city or town, county, and State)
Specify whether injury occurred in ~~industry~~, in home, ~~or in~~ public place: at home
Manner of injury: Gunshot
Nature of injury: Accidental

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) K. T. Kelley Coroner ~~M. D.~~
(Address) Seymour Mo

8/6

Webster Co

RECEIVED
District Health Officer No. 6,
District File Number 1140-2883
Date Filed NOV 18 1940