

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.

JAN 4 1928

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

Do not use this space.

33311

1. PLACE OF DEATH

County Henry
Township Desperado
City..... (No.....).....

Registration District No. 352
Primary Registration District No. 5493

File No.....
Registered No. 19
St..... Ward.....

2. FULL NAME

Henry J. Hail

(a) Residence. No..... 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) Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 10 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 25 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Mountain View
(STATE OR COUNTRY) Henry Co. Mo

PARENTS

10. NAME OF FATHER Frank Hail

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Ottie Bates

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Scotts Bluff
(STATE OR COUNTRY) Nebr

14. INFORMANT Mrs. Ravis Hail
(Address) Mountain View Mo

15. FILED Nov 27 1927 J. M. Miller
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 26 1927

17. I HEREBY CERTIFY, That I attended deceased from 11
26, 1927, to 11, 1927,
that I last saw h..... alive on Nov 11, 1927, and that
death occurred, on the date stated above, at Mountain View, Mo

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coroner's report
from a gunshot
wound by accident
1881 (duration) yrs. mos. ds.
CONTRIBUTORY 1883
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

8 WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. H. ..., M. D.
, 19 (Address) Mountain View

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mountain Cemetery DATE OF BURIAL 11/27 1927

20. UNDERTAKER J. Lemmertz ADDRESS Mountain View Mo

