

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

Do not use this space.

36454

1. PLACE OF DEATH

County Moniteau
Township Harrison
City _____ (No. _____)

Registration District No. 575
Primary Registration District No. 5773

File No. _____
Registered No. 11
St. _____ Ward)

2. FULL NAME

John Edgar Hale

(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 <u>Male</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Agnes Kelsay</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 9 - 1872</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>60</u>	<u>1</u>	<u>20</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation.
	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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Moniteau Co 1

MOTHER FATHER 13. NAME H. P. Hale

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Moniteau Co 9

15. MAIDEN NAME Elizabeth Ratcliff

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Moniteau Co

17. INFORMANT (ADDRESS)
Mrs. Edgar Hale California Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Church DATE 11/30 1932

19. UNDERTAKER (ADDRESS)
William F. Friedmeyer California Mo

20. FILED 12-10 1932 J. B. Smith Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 29 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 29 1932, to Nov 29 1932.
I last saw him alive on Nov 5th 1932. Death is said to have occurred on the date stated above, at 9 P. m.

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

Palsy 3rd stroke
82.0 / 2 W

Date of onset

Other contributory causes of importance: None

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. (1)

Manner of injury _____

Nature of injury _____

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

(Signed) H. E. Blacksten M. D.
(Address) Verailles Mo (R.)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

