

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.

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

Do not use this space.

OCT 21 1936

38700

1. PLACE OF DEATH
 County Platte Registration District No. 1695
 Township Pettis Primary Registration District No. 5922
 City Parkville Mo St. _____ Ward _____

2. FULL NAME Margaret Louisa Hale
 (a) Residence No. _____ Ward _____
 (Usual place of abode) High Point Mo (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. 1 mos. _____ ds. How long in U.S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 William B. Hale

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 29 - 1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>77.</u>	<u>1</u>	<u>11</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Deep. Cut. Ohio
 (STATE OR COUNTRY) _____

10. NAME OF FATHER James Young
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Penn.
 (STATE OR COUNTRY) _____
 12. MAIDEN NAME OF MOTHER Rosana McAvoy
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) West Virginia
 (STATE OR COUNTRY) _____

14. INFORMANT Mr. P. L. Wade
 (Address) Parkville Mo.

15. FILED 10-10-1936 S. P. Ford
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 5 - 1936

17. I HEREBY CERTIFY, That I attended deceased from Sept 25 - 1936 to Oct 5 - 1936 that I last saw her alive on Oct 5 - 1936, and that death occurred, on the date stated above, at 2 PM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myo-corditis

(duration) 2 yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No. DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS none
 (Signed) J. Underwood M. D.
 _____ 19 1936 (Address) Parkville

*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 High Point Mo. DATE OF BURIAL Oct. 7 - 1936

20. UNDERTAKER Leland E. Francis ADDRESS Parkville Mo

