

SEP 24 1937

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

Do not use this space.

31506

1. PLACE OF DEATH

County Platte
Township Platte
City Parkville (No. 3)Registration District No. 695Primary Registration District No. 4417

File No.

Registered No.

St. Ward)

2. FULL NAME

William B. Hale(a) Residence, No. High St., High Point Mo. Ward. (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 widowed (write the word)5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret L. Young6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 27 - 18547. AGE YEARS 82 MONTHS 6 DAYS 4 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.

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) Aug 1937 11. Total time (years and months) spent in this occupation life12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monticau Co Mo13. NAME A. B. Hale.14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn15. MAIDEN NAME Rachel Mc Broom16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia17. INFORMANT (ADDRESS) Mrs R. L. Wade Parkville Mo18. BURIAL, CREMATION, OR REMOVAL PLACE High Point Mo DATE Sept. 2 3719. UNDERTAKER (ADDRESS) Ireland H. Francis Parkville Mo20. FILED 9-10 19 37 S. P. Ford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 1 1937 6 P.M.22. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1937, to Sept 1, 1937I last saw him alive on Sept 1, 1937 Death is said to have occurred on the date stated above, at 6 P. m.

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

Cerebral Hemorrhage (apoplexy) Date of onset: 8-16-37Other contributory causes of importance: 82Name of operation Date of What test confirmed diagnosis? clinical Was there an autopsy? no

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? no

If so, specify

(Signed) S. P. Ford M. D.(Address) Parkville Mo

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.

