

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.

NOV 10 1933

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43

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

Do not use this space.

## 1. PLACE OF DEATH

County Montague  
Township Waller  
City California (No. 1)

Registration District No. 571  
Primary Registration District No. 4335

File No. 33767  
Registered No. 57  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. \_\_\_\_\_  
(Usual place of abode)

St. \_\_\_\_\_ 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 <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Separated</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 26-1968</u>		
7. AGE YEARS <u>65</u> MONTHS <u>8</u> DAYS <u>13</u>	If LESS than 1 day, _____ hrs. or _____ min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>	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) <u>Monticello Co Mo</u>		
13. NAME <u>Joseph Hale</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
15. MAIDEN NAME <u>Angeline Hill</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
17. INFORMANT <u>Alex Hale</u> (ADDRESS) <u>California Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Crestview</u> DATE <u>10/11/33</u>		
19. UNDERTAKER <u>William T. Freymeyer</u> (ADDRESS) <u>California Mo</u>		
20. FILED <u>10-15-33</u> <u>H. R. Popejoy M.D.</u> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 10, 193322. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1933 to Oct 10, 1933I last saw him alive on Oct 9, 1933 Death is saidto have occurred on the date stated above, at 3a m.

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

Valvular heart disease  
general anasarca  
92A  
92B

Other contributory causes of importance:

nephritis  
curse infection  
92A  
92B

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Phys exam 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.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) L. L. Sathern, M. D.(Address) California Mo

