

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

Do not use this space.

3879

1. PLACE OF DEATH

County.....

Registration District No.....

791

1003

Township.....

Primary Registration District No.....

City St. Louis, Mo.

(No. 5600 Arsenal)

File No.....

Registered No. 489

St. 24th Ward

2. FULL NAME

Clarice Hale

(a) Residence. No. 4226 a Gibson St. 18 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female White Married

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

Wife of Albert Hale

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

June 28 - 1905

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

23 6 13

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)

Missouri

(STATE OR COUNTRY)

10. NAME OF FATHER

Sam. Walter Malone

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Missouri

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Kamb

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Missouri

14. INFORMANT

(Address)

Miss. M. Hendrik
Isolation Hospital

15. FILED

10 1929

My C. Barker

REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

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

Jan - 10 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 10 5:45 AM, 1929, to Jan 10 8:30 AM, 1929 that I last saw h. or alive on Jan 10, 1929, and that death occurred, on the date stated above, at 8:50 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Spouse of Acute Nephritis unknown
Nephritis, Acute (duration Not known)
USA (Uremic Coma)

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Pharyngitis, Acute non

Syphilitic (duration) 0 yrs. 0 mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED

109132 4226 a Gibson

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS

(Signed)

Clinical & Laboratory
George H. Garrison, M.D.

1-10-1929 (Address) ISOLATION HOSPITAL

*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

DATE OF BURIAL

St James No

Jan 13 1929

20. UNDERTAKER

ADDRESS

Cambroster Fred B

234
Worcester

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.

235

