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.

15084

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. 3610

Township ..... Primary Registration District No. 1003 ..... Registered No. .....

City St Louis (No. 3849 Delmar Ave St. ..... Ward)

2. FULL NAME Mary Hale

(a) Residence, No. 3849 Delmar St., 19 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 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 John B Hale

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 27-1877

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
55	3	22	

OCCUPATION

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Missouri

FATHER

13. NAME Patrick Maloney
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER

15. MAIDEN NAME Elizabeth Whalen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Mrs Wallace D Harkins 319 W Jefferson Kirkwood Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE April 22 1933

19. UNDERTAKER (ADDRESS) Arthur J Donnelly Nudd 3840 Lindell Blvd

20. FILED APR 21 1933 19 Max C Starkey Registrar. 4/21/33

MEDICAL CERTIFICATE OF DEATH

1 No physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19th, 1933.

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5:10 P.m.

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

Gun shot wound of head, self inflicted, at residence — 167 Suicide —

Date of onset

Other contributory causes of importance:

167

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 4/19/1933

Where did injury occur? At residence St Louis Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Gun shot

Nature of injury of Head

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

If so, specify .....

(Signed) Harold J Johns, M.D.

(Address) Deputy Coroner

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