

NOV 25 1935

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

Do not use this space.

36634

1. PLACE OF DEATH

County McDonald

Registration District No. 149

Township Crie

Primary Registration District No. 5693

City Goodman (No.)

St. Ward)

2. FULL NAME Billie Jean Hale

(a) Residence, No. St., Ward.

(Usual place of abode)

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) ✓

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 30-1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 0 0 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
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) Goodman

13. NAME Otto L. Hale

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kans

15. MAIDEN NAME Alice Nicholl

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kans

17. INFORMANT Otto L. Hale (ADDRESS) Goodman Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Goodman DATE 11/5 1935

19. UNDERTAKER Charles W. Williams (ADDRESS) Goodman Mo

20. FILED 11/10 1935 Charles W. Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOV. 5, 1935

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 m.

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

Cause unknown probably pneumonia Date of onset

Signed Charles Williams McDonald Co

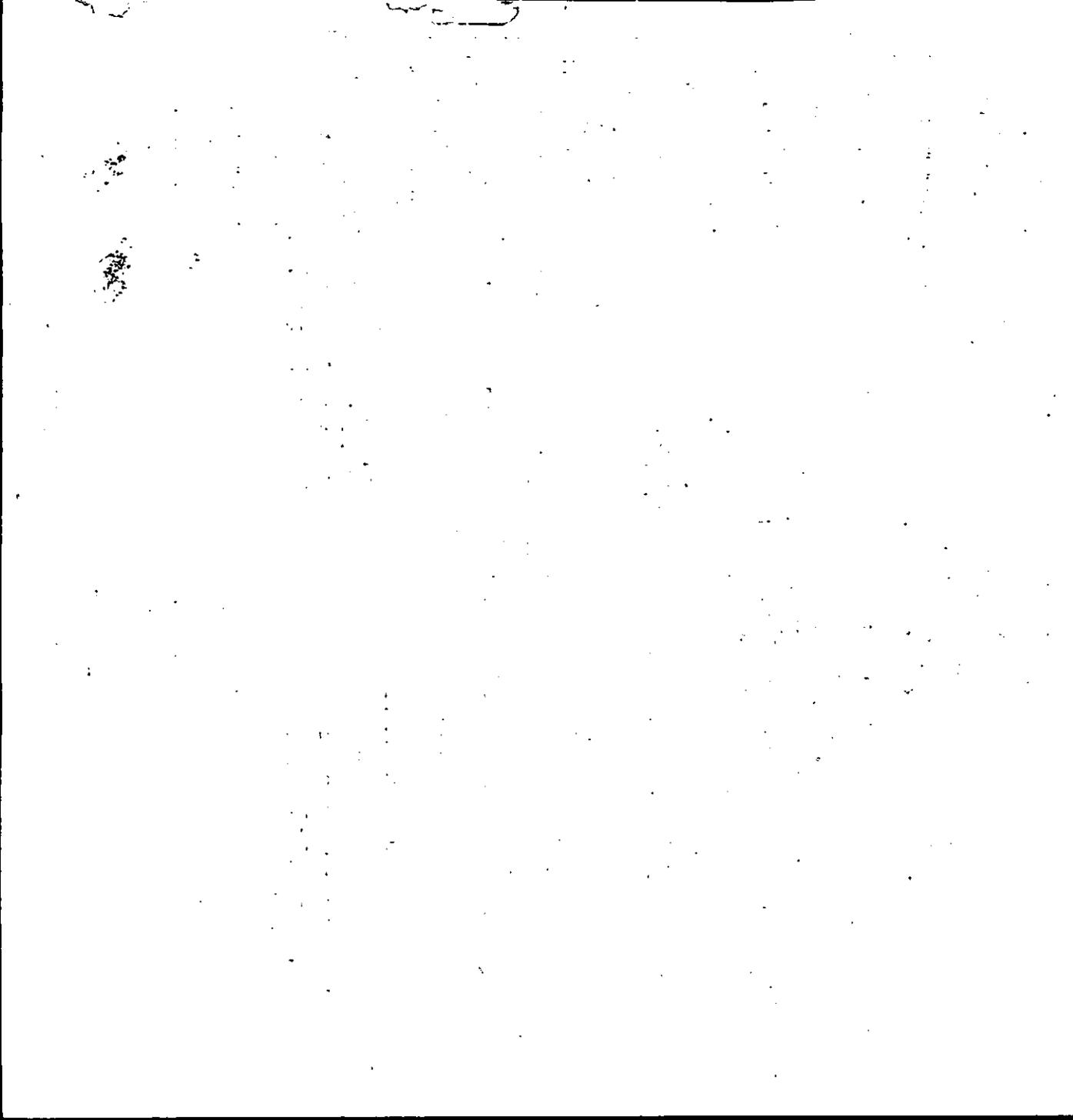
Name of operation McDonald Co Date of

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? 100 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 100 Nature of injury 100

24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed), M. D. (Address)



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

ALL INFORMATION REQUESTED
 FOR MUST BE WRITTEN ON
 THIS SUPPLEMENTARY

1. PLACE OF DEATH

County McDonald
 Township Erie
 City..... (No., St. Ward)

Registration District No. 142
 Primary Registration District No. 5693

File No.....
 Registered No.....

2. FULL NAME Billie Jean Hale

(a) Residence, No. St. Ward.
 (Usual place of abode) (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 m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
6

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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)

FATHER
 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE, 19.....

19. UNDERTAKER (ADDRESS)

20. FILED 1/10 1936 Charles Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
 I last saw ~~the~~ deceased alive on 19..... Death is said to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:

Cause unknown probably pneumonia
Lobar
 Date of onset
 Other contributory causes of importance: 108

Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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) Chas W. Williams, Cor M-D
 (Address).....

SUPPLEMENTARY

S-36634

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NATIONAL ARCHIVES