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

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.

1. PLACE OF DEATH
County Cape Girardeau — Registration District No. 127 — File No. 535
Township Byrd — Primary Registration District No. 5179 — Registered No. 9
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Elizabeth Mary Hale

(a) Residence. No. ..... St. ..... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 3 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): widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Lee Hale

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 16th 1835

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	83	4	9	

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) .....
(STATE OR COUNTRY) Illinois

PARENTS

10. NAME OF FATHER James Chambers
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Illinois
12. MAIDEN NAME OF MOTHER Juritha Ballard
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Unknown

14. INFORMANT Pius Bush
(Address) Cape Gir, Mo.

15. FILED Jan 26th 1919 — D G Seibert, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 25th 1919

17. I HEREBY CERTIFY, That I attended deceased from Dec 23rd 1918, to Jan 25th 1919, that I last saw h[illegible] alive on Jan 24th 1919, and that death occurred, on the date stated above, at 6.00 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Senility other wise cause of death unknown
[illegible]
(duration) Bout three yrs. mos. ds.

CONTRIBUTORY (SECONDARY) .....
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) D. G. Seibert, M. D
Jan 26th 1919 (Address) Jackson Mo

*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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Pleasant Hill Cemetery — DATE OF BURIAL: Jan 26th 1919

20. UNDERTAKER: Russell Furn Co. — ADDRESS: Jackson Mo