

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.

JAN 15 1936

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

Do not use this space.

38674

1. PLACE OF DEATH

County.....Buchanan..... Registration District No.....
 Township..... Primary Registration District No.....
 City St. Joseph (No. Francis Street Station) St. _____ Ward _____

File No.....
 Registered No. 1345
 St. _____ Ward _____

2. FULL NAME Frank Hall

(a) Residence, No. 2417 Olive St., _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 0 yrs. 2 mos. 0 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>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>January 16, 1883</u>		
7. AGE YEARS <u>52</u>	MONTHS <u>11</u>	DAYS <u>6</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Brakeman</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Missouri Pacific Railroad</u>		
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) <u>Unknown Illinois</u>		
13. NAME <u>David Hall</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Missouri</u>		
15. MAIDEN NAME <u>Mary Foulke</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Pennsylvania</u>		
17. INFORMANT <u>Dale Hall</u> (ADDRESS) <u>616 Harmon Str. St. Joseph Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Union Star Cemetery</u> PLACE <u>Union Star Mo.</u> DATE <u>December 24, 1935</u>		
19. UNDERTAKER <u>H. O. Sidenfaden</u> (ADDRESS) <u>1802 Union Str. St. Joseph Mo.</u>		
20. FILED <u>DEC 23 1935</u> 19 _____ <u>John R. Bieder</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 22, 1935 to _____, 19____, viewed

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 11:40 A.M.

The principal cause of death and related causes of importance were as follows:
Chronic myocarditis Date of onset _____

Other contributory causes of importance:
no fault

Name of operation none Date of _____
 What test confirmed diagnosis? Chol. Hist. Was there an autopsy? no

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? No
 If so, specify _____
 (Signed) Joseph Thomas Coroner, M. D.
 (Address) 731 Jackson

