

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D JUN 8 1938

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

Do not use this space.

18144

1. PLACE OF DEATH

County De Kalb Registration District No. 262  
Township Park Primary Registration District No. 4161  
City Union Star, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

2. FULL NAME

James Monroe Hall  
(a) Residence, No. Union Star, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27 1938

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1938, to May 27 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 4, 1874

I last saw live on May 27 1938 Death is said to have occurred on the date stated above, at 5 P m.

7. AGE YEARS 63 MONTHS 9 DAYS 23 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

Cerebral Hemorrhage Date of onset 5/20/38

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. P. P. Siskin Foreman

9. Industry or business in which work was done, as saw mill, bank, etc. School Janitor

10. Date deceased last worked at this occupation (month and year) Apr 1937

11. Total time (years) spent in this occupation 36

Other contributory causes of importance: Hypertension

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Union Star, Mo.

13. NAME David Hall

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

15. MAIDEN NAME Mary Folke

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

17. INFORMANT H. E. Hall (ADDRESS) Union Star, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Star DATE May 29, 1938

19. UNDERTAKER Lucile M. Wilson (ADDRESS) Union Star, Mo.

20. FILED 5/29 1938 E. M. Reynolds Registrar.

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) E. M. Reynolds M. D.  
Union Star Mo (Address) 337

