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

Do not use this space.
13977

JUN 30 1927

1. PLACE OF DEATH
County: Vernon
Township: Washington
City: Nevada (No. ..... St. ..... Ward)

Registration District No. 875
Primary Registration District No. 875 2

File No. .....
Registered No. 92

2. FULL NAME Thomas G. Hall

(a) Residence. No. Nevada Route 5 St., Nevada Mo.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
male	white	single

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Hall

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	40	X	X	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) Mo.
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Charles Hall
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Columbus
(STATE OR COUNTRY) Ohio
12. MAIDEN NAME OF MOTHER Laura McCoy
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Columbus
(STATE OR COUNTRY) Ohio

14. INFORMANT C. A. Hall
(Address) Walker Springs

15. FILED 5/20 1927 C. A. Kline
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-29 1927

17. I HEREBY CERTIFY, That I attended deceased from 4-1 1927, to 4-29 1927, that I last saw he alive on 4-29 1927, and that death occurred, on the date stated above, at 6 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebrospinal meningitis
(duration) ..... yrs. ..... mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Do
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) S. B. Darnell, M. D.
4/30, 1927 (Address) Nevada

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: State Hospital Cemetery
DATE OF BURIAL: May 7 1927

20. UNDERTAKER: Allen V. Hays
ADDRESS: Nevada Mo.

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.