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

Do not use this space.

15183

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No. 2051

City Kansas City (No. St. Mary's Hos St. Ward)

2. FULL NAME Thomas J. Hall

(a) Residence. No. 4144 Hudson St., Ward. K.C. Kansas
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 0 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Minnie E. Hall

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept. 6 1874

7. AGE: Years 52 — Months 8 — Days ~~10~~ 12 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas

PARENTS
10. NAME OF FATHER: William A. Hall
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): West Virginia
12. MAIDEN NAME OF MOTHER: Ann Gallahue
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): West Virginia

14. INFORMANT: Mrs. Minnie Hall
(Address) 4144 Hudson

15. FILED May 19, 1927 M. M. Crowe Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 18 1927

17. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19..., to ..., 19..., that I last saw h..... alive on ..., 19..., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Accidental - Crushed limbs and pelvis - R.R. Traumatism.
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): No auto involved
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Chas S Nelson, M.D.
5-18, 1927 (Address) Deputy Coroner

*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: Memorial Park — DATE OF BURIAL: May 20 1927

20. UNDERTAKER: H.W. Gates — ADDRESS: K.C.K.

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