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.

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

Do not use this space.

30286

1. PLACE OF DEATH U.S.V.Hospital #67
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City Kansas City, Missouri (U. S. Veterans Hosp. St. ..... Ward)

File No. 3791
Registered No.

2. FULL NAME HALL, Ezra
(a) Residence. No. Mountain Grove, Missouri St., ... Ward. Pvt. Replacement
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 5, 1892

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
35	1	2	

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)
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER John E Hall
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Theodocia Holt
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Missouri

14. INFORMANT Guy Hall (brother)
(Address) Mountain Grove, Missouri

15. FILED 10/7, 1927 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) October 7 1927

17. I HEREBY CERTIFY, That I attended deceased from October 1, 1927, to October 7, 1927 that I last saw him alive on October 7, 1927 and that death occurred, on the date stated above, at 7:55 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Septicemia
114B
36
(duration) yrs. mos. 25 ds.

CONTRIBUTORY (SECONDARY) Abscess of lungs, multiple
Non tuberculous (duration) yrs. mos. 20 ds.

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

1070

(Signed) E. J. Rose, M. D
(Address) E. J. ROSE, Medical Officer in Charge
U.S.V.Hospital #67 Kansas City, 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Cabool Mo
DATE OF BURIAL: 10/8 1927

20. UNDERTAKER: Westport Undlco
ADDRESS