JUL 26 1927

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

Do not use this space.

30899

1. PLACE OF DEATH
County Livingston — Registration District No. 515 — File No.
Township Blue Mound — Primary Registration District No. 5684 — Registered No. 9
City ~~Dawson~~ (No. ..... St. ..... Ward)

2. FULL NAME Sarah E. Hall

(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 13 - 1869

7. AGE: Years 58 — Months 9 — Days 17 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(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): Carroll County Mo.

PARENTS
10. NAME OF FATHER: John Bland
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Carroll Co. Mo
12. MAIDEN NAME OF MOTHER: Elizabeth Gill
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.

14. INFORMANT: John Hall
(Address): Dawson, Mo.

15. FILED 10/31, 1927 — F. R. Fullerton, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct. 30 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1927, to Oct 27, 1927, that I last saw her alive on Oct 27, 1927, and that death occurred, on the date stated above, at 10:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Chronic Nephritis

131 Several years (duration) ..... yrs. ..... mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? At Place of Death
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? None
(Signed) Geo Morse, M. D
10/31, 1927 (Address) Leeflow 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: Enon Cemetery — DATE OF BURIAL: Nov 1, 1927

20. UNDERTAKER: B. F. Mead — ADDRESS: Braymer, 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.

1927 - 10 - 30
58 - 1 - 13
1869 - 9 - 17