

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

Do not use this space.

33618

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township Haw Primary Registration District No. _____
 City Kansas City (No. 2610 Brighton)

File No. _____
 Registered No. 1288
 Sl. 1088 Ward _____

2. FULL NAME

Josephine Hall
 (a) Residence No. 2210 Brighton St. Ward 12
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 12 How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female **4. COLOR OR RACE** white **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** widow
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 20 - 1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
62 7 24

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) Vernon Co. Mo.

10. NAME OF FATHER John Young

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Muskegon

12. MAIDEN NAME OF MOTHER Muskegon

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Muskegon

14. INFORMANT A. D. Hall
 (Address) 2210 Brighton

15. FILED 11-19-27 M. M. C. [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY That I attended deceased from 10¹⁰ Aug. to Nov. 18, 1927, that I last saw her alive on Nov. 16, 1927, and that death occurred, on the date stated above, at 10:10 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Carcinoma

46C (duration) yrs. 3 mos. da.
53E

CONTRIBUTORY (SECONDARY) Carcinoma Small Intestine
 (duration) yrs. 6 mos. da.

18. WHERE WAS DISEASE CONTRACTED 45
 (PLACE AT PLACE OF DEATH)

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) Peadore Anderson M. D.
11/19, 1927 (Address) 1317 Rialto Bldg.

*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 Fairview Liberty Mo **DATE OF BURIAL** 11/20/1927

20. UNDERTAKER Church-Cremer Co Liberty, Mo **ADDRESS**

THIS IS A PERMANENT RECORD

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.

10