

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

Do not use this space.

1. PLACE OF DEATH

4997

County Jackson Registration District No. 399 File No. _____
 Township Haw Primary Registration District No. 1007 Registered No. 657
 City Kansas City, Mo. (No. 53rd & Highland Ave.) St. _____ Ward _____

2. FULL NAME

James Hall

(a) Residence, No. 53rd & Highland Ave. Ward _____
 (Usual place of abode) _____ (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 1 1/2 yrs. mos. _____ How long in U.S., if of foreign birth? yrs. mos. da. _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

2

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-13 1928

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

17. I HEREBY CERTIFY, That I attended deceased from July, 1927, to 2-13, 1928
 that I last saw him alive on 2-13, 1928, and that death occurred, on the date stated above, at 11-408 a.m.

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis
Chronic nephritis

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
90 - - - - -

Sever. (duration) yrs. mos. da.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work none 936
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

CONTRIBUTORY (SECONDARY) 129 W (duration) yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) Columbia Co., Ohio (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED _____ IF NOT AT PLACE OF DEATH? _____

10. NAME OF FATHER Robert Hall

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

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

WHAT TEST CONFIRMED DIAGNOSIS? P.E.
 (Signed) A. Jack-Rovitz, M.D.
7/13, 1928 (Address) 1034 Argyle Bldg.

12. MAIDEN NAME OF MOTHER Catherine Donnelly

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

*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.

14. INFORMANT St. Marie, Anguste, sup. Little Sisters (Address) 53rd & Highland Ave. of the Park

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Mary's DATE OF BURIAL Feb 14 1928

15. FILED 2-14-28 M. M. Crowe REGISTRAR Assn

20. UNDERTAKER Quirk & Tobin Co ADDRESS City.

PARENTS

