

24 1928

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

Do not use this space.

19957

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township Washington Primary Registration District No. 1001
City St. Joseph (No. 515) Kenick St. _____ Ward _____

File No. _____
Registered No. 749 St. _____ Ward _____

2. FULL NAME

Paula May Hall
(a) Residence No. 515 Kenick St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 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 Ernest Hall

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 11 1928
17. I HEREBY CERTIFY, That I attended deceased from Nov 21, 1928, to June 9, 1928 that I last saw her alive on June 9, 1928, and that death occurred, on the date stated above, at 6:45 P.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 6 1876
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 52 3 5

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of left eye and face
53 48 (duration) 7 yrs. _____ mos. _____ da.
CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ da.

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 _____

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? _____
DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS Clinical & Micro (Signed) Charles B. Werner, M. D.
June 10 1928 (Address) 315 Kirkpatrick
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, HOMICIDAL.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin
10. NAME OF FATHER Thos Brockley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Ernest Hall (Address) 515 Kenick St
15. John Y. W. REGISTRAR
FILED June 13 1928

19. PLACE OF BURIAL, CREMATION, OR REMOVAL City Cemetery DATE OF BURIAL June 11 1928
20. UNDERTAKER E. R. Sidenfaden ADDRESS 602 So 10

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.

