23 1928

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

Do not use this space.

1. PLACE OF DEATH
County Iron
Township Arcadia
City Arcadia (No. ..... St. ..... Ward)
Registration District No. 391
Primary Registration District No. 5546a
File No. 23658
Registered No. 31

2. FULL NAME Ellen 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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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 Arch Hall.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 13-1857

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
71	3	5	

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) Pilot Knob
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER John Sweeney
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Belleview
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Jane Palmer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Hogan
(STATE OR COUNTRY) Mo.

14. INFORMANT Arch Hall.
(Address) Arcadia, Mo.

15. FILED 7/19, 1928 Robert A Rasch
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 18 - 1928

17. I HEREBY CERTIFY, That I attended deceased from March, 1926, to July 18, 1928 that I last saw her alive on July 16, 1928, and that death occurred, on the date stated above, at 8.20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Senile gangrene.
59A
59B
98B
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Chronic Arthritis.
(duration) 10 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 52A
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) R. W. Gay, M. D
7/19, 1928 (Address) Ironton, 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 H of P Cemetery
DATE OF BURIAL July 19 1928

20. UNDERTAKER H Rieke
ADDRESS Ironton 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.