

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

Do not use this space.

1. PLACE OF DEATH

County Miss Registration District No. 566
Township _____ Primary Registration District No. 3030
City Charleston Mo St. _____ Ward _____

File No. 24491
Registered No. 43

2. FULL NAME

Bird Hall
(a) Residence, No. Charleston Mo 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 M 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Greely Hall

7. DATE OF BIRTH (MONTH, DAY AND YEAR) 1875
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 53

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Commerce
(STATE OR COUNTRY) Scott Co, Mo

10. NAME OF FATHER Elisha Hall

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY) _____

14. INFORMANT Mrs Greely Hall
(Address) Charleston, Mo.

15. July 4 - 28 1928 F S Vernon
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July - 3rd 1928

17. I HEREBY CERTIFY That I attended deceased from _____ 1928 to _____ 1928 that I last saw him _____ alive on _____ 1928, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Myocardial infarction
92 A
132 A
Coronary atherosclerosis
CONTRIBUTORY (SECONDARY) heart (duration) yrs. 6 mos. (ds.) _____

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 symptoms
(Signed) A. W. Chapman, M. D.
, 19 (Address) Charleston, 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 Oak Grove Cemetery DATE OF BURIAL 7/5 1928

20. UNBERTAKER The Lave Bros. ADDRESS Charleston 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.

PARENTS

