

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

Do not use this space.

1. PLACE OF DEATH

County
Township
City

Registration District No. **791**
Primary Registration District No. **1003**

File No. **29267**
Registered No. **8788**
St. Ward)

2. FULL NAME

(a) Residence. No. **1538 Highland St.** Ward. **6**

(Usual place of abode) 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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED **Widow**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Tom Smith**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **June 28, 1858**

7. AGE YEARS **70** MONTHS **2** DAYS **1** LESS THAN day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ohio**

10. NAME OF FATHER **H. F. Hall**

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

12. MAIDEN NAME OF MOTHER **George Jones**

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

14. INFORMANT (Address) **H. M. Hall, Hebersburg Ohio**

15. FILED **W. C. Stankov** REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Aug 29 1928**

17. I HEREBY CERTIFY, That I attended deceased from **Aug 25**, 1928, to **Aug 29**, 1928 that I last saw him alive on **Aug 29**, 1928, and that death occurred, on the date stated above, at **5 P** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: **Intestinal obstruction**
122 B
11801 (duration) yrs. mos. ds. **8**

CONTRIBUTORY **Valerian** (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH. **1538 Highland Ave**

1 DID AN OPERATION PRECEDE DEATH. **Yes** DATE OF **Aug 25-28**

WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS. **Clinical**
(Signed) **Thomas C. Branson**, M. D. (Address) **4660 Maryland Ave**

*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 **Farina Ill.** DATE OF BURIAL **Sept 7 1928**

20. UNDERTAKER **Richard Gray** ADDRESS **Washington**

Birdsall

WRITE PLAINLY, WITH UNFADING INK---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.

