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

Do not use this space.

30855

1. PLACE OF DEATH
County: Jasper
Township: Joplin
City: Webb City Mo. No. ..... St. ..... Ward)

Registration District No. 417
Primary Registration District No. 3021

File No. .....
Registered No. 108

2. FULL NAME: Otis David Hall

(a) Residence. No. 1519 Nelson 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. 4 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 27th 1924

7. AGE

| Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| | 4 | 18 | |

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

9. BIRTHPLACE (CITY OR TOWN): Webb City
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: Ab. Hall
11. BIRTHPLACE OF FATHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Arkansas
12. MAIDEN NAME OF MOTHER: Jennie Leonard
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Arkansas

14. INFORMANT: Mrs. Ab. Hall
(Address): 1519 Nelson St Webb City

15. FILED 9/16, 1928 R. M. Stewart
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 15th 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 13th, 1928, to Sept 15th, 1928, that I last saw ~~him~~ alive on Sept 15th, 1928, and that death occurred, on the date stated above, at 4 o'clock P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Unintentional Intoxication
1198 118
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): .....
(duration) ..... yrs. ..... mos. ..... ds.

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

O DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Dr. Ellsworth Moody, M. D
, 19 (Address) Frisco Bldg Joplin 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 | DATE OF BURIAL |
|---|---|
| Carterville Cem | 9/19/28 |

| 20. UNDERTAKER | ADDRESS |
|---|---|
| Steele Und & Co | Webb City 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.

PERMANENT RECORD