

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

Do not use this space.

36900
4549

1. PLACE OF DEATH

County Jackson
Township Rail
City Kansas City (No. 2801 Jarboe)

Registration District No. _____
Primary Registration District No. _____

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

2. FULL NAME

Mrs. Ophelia Amy Hall
(a) Residence, No. 2801 Jarboe 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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

Norman C. Hall

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 19, 1887

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
47 9 21

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) Rick Hill
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Calvin S. Smith

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Banger
(STATE OR COUNTRY) Maine

12. MAIDEN NAME OF MOTHER Barbra Miller

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Douglas
(STATE OR COUNTRY) Iowa

14. INFORMANT Norman C. Hall
(Address) 2801 Jefferson St.

15. FILED 11/11, 1928 M. J. Crane
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 10 1928

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Stroke - Terminal
167170
(duration) _____ yrs. _____ mos. _____ da.

CONTRIBUTORY (SECONDARY) _____
(duration) _____ yrs. _____ mos. _____ da.

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 OR SUSPECTED? Autopsy - Histology
(Signed) Deputy Coroner

11/11, 1928 (Address) Deputy Coroner

*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 Forest Hill DATE OF BURIAL Nov. 12, 1928

20. UNDERTAKER Greenman Mortuary ADDRESS 104 West 42nd St.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS AN ENDURANT RECORD

