

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

Do not use this space.

3251

1. PLACE OF DEATH

County St. Francois
Township Randolph
City Taylor Town (No.) St. Ward)

Registration District No. 779
Primary Registration District No. 60240

File No.
Registered No.

2. FULL NAME Seth Thomas 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Mary E. Hall</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan 5 - 1851</u>		
7. AGE	YEARS <u>78</u>	MONTHS
	DAYS <u>6</u>	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Common labor</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-11 1929

17. I HEREBY CERTIFY That I attended deceased from Sept. 1928 to 1-11 1929 that I last saw him alive on 1-11 1929, and that death occurred, on the date stated above, at 12:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
trauma pneumonia
23A
(duration) yrs. mos. 2 ds.
CONTRIBUTORY Pulmonary
(SECONDARY) (duration) 10 yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Genevieve Co.

10. NAME OF FATHER Abner Hall

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) New York

12. MAIDEN NAME OF MOTHER Luisa Baugh

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

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
(Signed) Alber, M. D.
1-12, 1929 (Address) DeLoze Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENCE CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT Mary E. Hall
(Address) Flat River Mo.

15. FILED 1-12-29 R. B. Reiter
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Woodlawn C. DATE OF BURIAL Jan 13, 1929

20. UNDERTAKER C. G. Boyer ADDRESS DeLoze 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.

DEPARTMENT RECORD

