

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

Do not use this space.

10617

399

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 1002
Primary Registration District No. St. Joseph's Hospital

File No. _____
Registered No. 1110
St. _____ Ward _____

2. FULL NAME

Edward Hall

(a) Residence. No. 814 Valentine Road 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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male | White | Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 27 1988

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, ____ hrs. or ____ min.
	40	11	7	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work... None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Kansas

10. NAME OF FATHER John L Hall

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

12. MAIDEN NAME OF MOTHER Josephine Kinney

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

14. INFORMANT John L Hall
(Address) 814 Valentine

15. FILED 3/6 1929 M.M. Conner REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 4 1929 19

17. Deputy Coroner
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 _____ 7:20 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Homicide, fire arm

173/907
CONTRIBUTORY, Shot by Sam [unclear] (duration) _____ yrs. _____ mos. _____ ds.
(SECONDARY) in attempted hold up (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

3 DID AN OPERATION PRECEDE DEATH? yes DATE OF 3/3/29

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? autopsy
3/5 (Signed) Stanley [unclear] M. D.
, 1929 (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 St. Mary's Cemetery DATE OF BURIAL 3/6 1929

20. UNDERTAKER Quire & Tobin Co--20 W Linwood. ADDRESS

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.

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