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

Do not use this space.

14001

1. PLACE OF DEATH
County: Butler
Township:
City: Poplar Bluff (No. ..... St. ..... Ward)

Registration District No. 89
Primary Registration District No. 3007

File No.
Registered No. 78

2. FULL NAME: Charlotte Ann Hall

(a) Residence. No. 516 Bartlett 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: F.

4. COLOR OR RACE: Col-

5. ~~SINGLE, MARRIED~~ WIDOWED OR ~~DIVORCED~~ (write the word): Wid.

5A. IF MARRIED, WIDOWED, OR DIVORCED
~~HUSBAND OF~~ (OR) WIFE OF: Chas. Hall

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 1859 Est.

7. AGE: Years 70 Est. | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

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): not known
(STATE OR COUNTRY): Miss.

PARENTS

10. NAME OF FATHER: Dave Turner

11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): not known.

12. MAIDEN NAME OF MOTHER: Betty Wright

13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): not known.

14. INFORMANT: Matilda Taylor
(Address): Poplar Bluff.

15. FILED: 4/12, 1929 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 4-10 1929

17. I HEREBY CERTIFY, That I attended deceased from 4/7, 1929, to 4/10, 1929, that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 3 A. a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia

(duration) ..... yrs. ..... mos. 8 ds.

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

18. WHERE WAS DISEASE CONTRACTED: Home
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) H. F. S. Taylor, M. D.
4/11, 1929 (Address) Poplar Bluff 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: Neelyville
DATE OF BURIAL: 4-14 1929

20. UNDERTAKER: Frank Mud- Co. Poplar Bluff.
ADDRESS