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

Copy

Do not use this space.

21922

1. PLACE OF DEATH
County Lafayette — Registration District No. 461 — File No. 50
Township Lexington — Primary Registration District No. 3624 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Charles 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: 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): Dont Know

7. AGE: About 60 Years; Months; Days; If LESS than 1 day, ... hrs. or ..... min.
Dont Know

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Coal Miner 82A 82D
(b) General nature of industry, business, or establishment in which employed (or employer): 102
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lexington Mo

PARENTS
10. NAME OF FATHER: William J. Hall
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): St. Charles Co Mo
12. MAIDEN NAME OF MOTHER: Luvenia Reed
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): St Charles Co Mo

14. INFORMANT (Address): Mrs Willie Johnson Lexington Mo.

15. FILED June 4 1929 J. W. Cope REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): June 3 1929

17. I HEREBY CERTIFY, That I attended deceased from About two years, 1929 that I last saw him alive on June 3, 1929, and that death occurred, on the date stated above, at 11.30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hemorrhage of brain
Had a previous hemorrhage & paralysis
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): High blood pressure
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? N.A.
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) J. W. Cope, M. D
June 4, 1929 (Address) Lexington 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: Lexington Mo — DATE OF BURIAL: June 5 1929

20. UNDERTAKER: Ernest Fegert — ADDRESS: Lexington

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.