

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

Do not use this space.

31097

1. PLACE OF DEATH

County Jackson Registration District No. 404
 Township Washington Primary Registration District No. 5558
 City Kansas City (No.), 8907 Walnut St. Ward

File No.
 Registered No. 108

2. FULL NAME Mrs. Emelia Hall

(a) Residence. No. 8907 Walnut 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 Harry Hall
Married

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 26, 1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
67 1 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Home
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Germantown
 (STATE OR COUNTRY) Penn.

10. NAME OF FATHER Gruninger

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

12. MAIDEN NAME OF MOTHER unknown
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown
 (STATE OR COUNTRY)

14. INFORMANT Harry Hall
 (Address) 8907 Walnut

15. FILED 8-22-29 B.F. Brannan
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 25 1929

17. I HEREBY CERTIFY That I attended deceased from July 1, 1929 to Sept 25, 1929
 that I last saw him alive on Sept 23, 1929, and that death occurred, on the date stated above, at 2:30 A m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Dilatation of heart,
(acute)

131
 95A (duration) 3 yrs. mos. da.
 CONTRIBUTORY Interstitial Nephritis
 (SECONDARY) over
 (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 DIAGNOSIS Clinical
 (Signed) S. W. Fair M. D.

*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 Cremation at Elmwood DATE OF BURIAL 9-27-29

20. UNDERTAKER R. V. Lindsey & Sons, Inc. ADDRESS City

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.
 OCT 23 1929
 235
 2
 10
 31

Euclia Haer