

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

Do not use this space.

22354

1. PLACE OF DEATH

County Casper
Township
City Attitude (No.)

Registration District No. 4134
Primary Registration District No. 271

File No.
Registered No.
St. Ward

2. FULL NAME George M. 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) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 12 - 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 1 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work merchaut
(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) Do not know N.Y.

10. NAME OF FATHER Do not know N.Y.

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Island

12. MAIDEN NAME OF MOTHER Rose Mason

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) New York

14. INFORMANT

Mrs. George Hall
(Address) Attitude 34a

15. FILED 7/5 1930 Edith Fogle REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 11 1930

17. I HEREBY CERTIFY, That I attended deceased from 2:40 1930 to 7:11 1930 that I last saw h alive on 7-11 1930 and that death occurred, on the date stated above, at 11:40 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Neurosthenia
107A
EIB (duration) yrs. 6 mos. ds.
CONTRIBUTORY (SECONDARY) Broncho-pneumonia
(duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH. DATE OF

19. WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Edith Fogle M. D.
7/12 1930 (Address) Attitude 34a

*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 Memorial Park DATE OF BURIAL July 13 1930

20. UNDERTAKER Lillieport ADDRESS Adelphi

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.

