

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

Do not use this space.

30116

File No. _____
Registered No. 3924
St. _____ Ward _____

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township 1st Primary Registration District No. 1007
City K. C. Mo (No. 154 Adam) St. _____ Ward _____

2. FULL NAME

Thomas Hall
(a) Residence No. 3106 East 20 St. 11 Ward _____
(Usual place of abode)
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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10/7-1885

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>44</u>	<u>10</u>	<u>16</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Bricklayer
(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) Mo

10. NAME OF FATHER Newton Hall

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

12. MAIDEN NAME OF MOTHER Mary Holand

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

14. INFORMANT Mrs Zola Hall
(Address) 3106 E-20

15. FILED 9/26/30 M. M. Crown REGISTRAR
Assr

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9 23 1930

17. 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 _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

accidental auto-fracture
KPMo.
210M

CONTRIBUTORY (SECONDARY) Fracture in car that rolled into bridge
(duration) yrs. mos. ds. _____
(duration) yrs. mos. ds. _____

18. WHERE WAS DISEASE CONTRAICTED
IF NOT AT PLACE OF DEATH Mo

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS history & inspection
(Signed) Henry M. Hall M. D.
9/23/30 (Address) Highway corner

*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 Joseph Mo DATE OF BURIAL Sept 26 1930

20. UNDERTAKER Rose + Henderson ADDRESS 15th Jackson

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.

