

OCT 29 1930

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

Do not use this space.

File No. **30264**
Registered No. _____
St. _____ Ward) _____

1. PLACE OF DEATH

County Jasper Registration District No. 411
Township _____ Primary Registration District No. 2002
City Joplin, Mo. (No. _____) St. _____ Ward) _____

2. FULL NAME

Mrs Lula May Hall
(a) Residence. No. 3043 East 8th 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 Female 4. COLOR OR RACE W.C. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Mar.

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George H. Hall

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 12 - 1894

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>36</u>	<u>4</u>	<u>6</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Decorah Co.
(STATE OR COUNTRY) Iowa

10. NAME OF FATHER John Ervin

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Forest Va.
(STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Maggie Miller

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

14. INFORMANT George H. Hall
(Address) 3043 East 8th

15. FILED 9/20 1930 W Benson Clark
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 18 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept. 5 1930 to Sept. 15 1930 that I last saw her alive on Sept. 11 1930, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
108
Robert Pneumonia
(duration) yrs. mos. ds. 4
CONTRIBUTORY (SECONDARY) 1010W
(duration) yrs. mos. ds. _____

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

20. WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS (Signed) R. D. Thornton M. D.
9/19 1930 (Address) Joplin, 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 Forest Park Cem. DATE OF BURIAL Sept 20 1930

20. UNDERTAKER Frank Siewers ADDRESS Joplin Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

MARGIN RESERVED FOR BINDING

V. S. NO. 2

