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

Do not use this space.

85

38610

File No.

Registered No. 1349

1. PLACE OF DEATH

County Buchanan

Registration District No. 1001

Township

Primary Registration District No.

City St. Joseph, (No. 1318 North 2nd. St. Ward)

2. FULL NAME Alice May Hall,

(a) Residence. No. 1318 North 2nd. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Married,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 27, 1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	4	21	

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

9. BIRTHPLACE (CITY OR TOWN) Guilford,
(STATE OR COUNTRY) Missouri,

PARENTS

10. NAME OF FATHER John A. Colestock,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Nodaway Co.,
(STATE OR COUNTRY) Missouri,

12. MAIDEN NAME OF MOTHER Katherine Cobey,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cooper Co.,
(STATE OR COUNTRY) Missouri,

14. INFORMANT Mrs. Katherine Colestock
(Address) 1318 North 2nd. Street.

15. FILED 12/18, 1930 John L. Ut. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Dec. 16, 1930, to Dec. 18, 19..., that I last saw her alive on Dec 18, 1930, and that death occurred, on the date stated above, at 6:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Endocarditis

AV B

A/ B (duration) yrs. mos. 14 ds.

CONTRIBUTORY (SECONDARY) Mitral Insuf.

(duration) yrs. mos. ds.

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) Frank Harlingame M. D.

Dec 19, 1930 (Address) Kenpatrick Bldg

*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 Mt. Mora Cem.

DATE OF BURIAL Dec. 20 1930.

20. UNDERTAKER Heaton-Belcher-Bowman

ADDRESS 319 S. 10 St.

Funeral Home.

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.