

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

Do not use this space.

1. PLACE OF DEATH

County Mo. = Donald
Township Center
City (No. _____) _____ St. _____ Ward _____

Registration District No. 1167
Primary Registration District No. 5695

File No. 6250
Registered No. 1

2. FULL NAME

(a) Residence, No. Lucretia M. Hall St. _____ Ward _____
(Usual place of abode) Powell, Mo. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 86 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
86 6 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt. Donald county, Mo.

13. NAME Milton Laughlin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Lucretia Yalloway

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Step Hall
(ADDRESS) Powell Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cadgers DATE Feb 24th 1931

19. UNDERTAKER A. C. Norman
(ADDRESS) Washington Mo

20. FILED April 9, 1931 H. O. Laughlin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 22nd 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1931, to Feb 22nd 1931

I last saw her alive on Feb 21st 1931. Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:
Parenchymatous Date of onset _____
Respiratory &
Exudative Pneumonia

Other contributory causes of importance: hypertension

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 1931

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) A. C. Cardwell, M. D.

(Address) Stella Mo.

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.

APP 26 1931

WRITE PLAINLY WITH UNBOLD INK—THIS IS A PERMANENT RECORD

10-1-54

10-1-54

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH.
 County McDonald Registration District No. 1167 File No.
 Township Center Primary Registration District No. 3-690 Registered No. 18
 City (No.) St. Ward)

2. FULL NAME Lucretia M. Hall
 (a) Residence. No. Powell mo St., Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 86 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) wid.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 27-37

7. AGE YEARS MONTHS DAYS 86 6 8 If less than 1 day, hrs. or min.

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

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 22 1931

17. I HEREBY CERTIFY That I attended deceased from Jan 1 - Feb 22 1931 that I last saw him alive on Feb 21, 1931, and that death occurred, on the date stated above, at 10 0 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Parenchymatous Nephritis & Bronchial Pneumonia
 (duration) yrs. mos. ds.
 CONTRIBUTORY Nephritis
 (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH..... DATE OF
 WAS THERE AN AUTOPSY..... (11)
 WHAT TEST CONFIRMED DIAGNOSIS.
 (Signed) C. C. Cardwell, M. D.
 . 19 (Address) Stella 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 Roller DATE OF BURIAL Feb 24 1931
 20. UNDERTAKER A. R. Norman ADDRESS Washburn

9. BIRTHPLACE (CITY OR TOWN) mo
 (STATE OR COUNTRY) McDonald Mo

10. NAME OF FATHER Milton L. Duplin

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

12. MAIDEN NAME OF DECEASED Lucretia Gallaway

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

14. INFORMANT Geo. Hall
 (Address) Powell mo

15. June 10, 1931 E. Edmondson
 REGISTRAR

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

2. 3.-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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

51

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