

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

Do not use this space.

11020

1. PLACE OF DEATH  
 County... Pettis Registration District No. 664  
 Township Washington Primary Registration District No. 5884  
 City..... (No.)..... St. .... Ward)  
 2. FULL NAME Geo Washington 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.

File No. ....  
 Registered No. 5  
 St. .... Ward)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married  
 5A. ~~MARRIED~~ WIDOWED OR DIVORCED HUSBAND OF (or WIFE OF) Minnie Hall.  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) April-6-1856  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
74 11 20  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work. Fannon 1  
 (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) Indiana 2  
 10. NAME OF FATHER James Hall  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY) Indiana  
 12. MAIDEN NAME OF MOTHER Elizabeth Owen  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... (STATE OR COUNTRY) Indiana

14. INFORMANT..... Marshall Hall  
 (Address) Springford  
 15. FILED 3/27 1931 G. R. Shelley REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 26 1931  
 17. I HEREBY CERTIFY, That I attended deceased from Mar 17, 1931, to Mar 26, 1931 that I last saw him alive on Mar 21, 1931, and that death occurred, on the date stated above, at 5 P m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic Valvular disease (Mitral regurgitation)  
92 AD (duration) 2 yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) 92 AD (duration) .... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED.....  
 IF NOT AT PLACE OF DEATH.....  
 0 DID AN OPERATION PRECEDE DEATH? no DATE OF.....  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) A. L. Walter, M. D.

Mar 27, 1931 (Address) Sedalia 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 DATE OF BURIAL  
New Bethel 3/27 1931  
 20. UNDERTAKER ADDRESS  
L. L. Ream Green Ridge 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.

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

APR 25 1931

