

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

Do not use this space.

4239

1. PLACE OF DEATH
 County Dunklin Registration District No. 284
 Townshp 2nd Primary Registration District No. 4172
 City Kennett Mo (No., St. Ward) (No., St. Ward)

2. FULL NAME A. L. Hall

(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 1 - 1863

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
68 6 28

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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) Ill 2

FATHER
 13. NAME A. L. Hall
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

MOTHER
 15. MAIDEN NAME Don't know
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know Ill

17. INFORMANT (ADDRESS) Homer Hall
Kennett Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Oak Ridge DATE 3/1 32

19. UNDERTAKER (ADDRESS) Funeral Home Co.
Kennett, Mo.

20. FILED 3/2 19 32 Thelma Davis
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-29 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-22-32, 1932, to 2-29-32, 1932.
 I last saw him alive on 2-27-32, 1932. Death is said to have occurred on the date stated above, at 5:30 a. m.
 The principal cause of death and related causes of importance were as follows:
myocarditis acute Date of onset 2-28-32
931
932
 Other contributory causes of importance
D
 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 _____, 1932
 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? no
 If so, specify _____
 (Signed) W. B. Presnell, M. D.
 (Address) Kennett Mo

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

MAR 22 1932

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.

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