

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

Do not use this space.

8036

1. PLACE OF DEATH
 38 County Shelby Registration District No. 309
 Township Huggins Primary Registration District No. 5428
 City..... (No.....) St..... Ward.....

2. FULL NAME Mrs Nancy Kellor Hall
 (a) Residence, No..... St..... Ward.....
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX H 4. COLOR OR RACE W - mulatto 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED deceased
 (write the word)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Montie Hall (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-12-1860
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 3 13
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hammering
 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) 10/18/32 11. Total time (years) spent in this occupation 10/18/32
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. Cooper Twp. P. 1
 13. NAME James House
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NY. 2
 15. MAIDEN NAME Mary Armstrong
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NY
 17. INFORMANT M. T. Hall (ADDRESS) Saturday 220 W. R.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Hall Cemetery DATE 3/27/32
 19. UNDERTAKER Taber & Phillips (ADDRESS) Saturday, Mo.
 20. FILED Mar. 25, 1932 M. T. Martin Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 25, 1932
 22. I HEREBY CERTIFY, That I attended deceased from Mar 9, 1932, to Mar 29, 1932
 I last saw him alive on Mar 12, 1932. Death is said to have occurred on the date stated above, at 9:30 a.m.
 The principal cause of death and related causes of importance were as follows:
apoplexy
 Date of onset
 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. ✓
 Name of operation ✓ Date of ✓
 What test confirmed diagnosis? ✓ Was there an autopsy? ✓
 Manner of injury ✓
 Nature of injury ✓
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) W. S. Campbell, M. D.
 (Address) 212 W. 1st St.

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.

APR 26 1932

Dr. Lombard.

1853