

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

Do not use this space.

8754

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Law Primary Registration District No. 1002  
 City J.C. Mo (No. 3204 Highland) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 1343

**2. FULL NAME**

(a) Residence, No. 3204 Highland St. 13 Ward. (If nonresident, give city or town and State)

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

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 11 - 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
63 0 20

8. Trade, profession, or particular kind of work done, as spinning, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

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) Burlington Vermont

13. NAME Zerbert Reed

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelton Vermont

15. MAIDEN NAME Frank O Hall

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT (ADDRESS) Frank O Hall 3204 Highland

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 4-27-32

19. UNDERTAKER (ADDRESS) Mrs. O L Forster 918 Brooklyn Avenue

20. FILED Mar. 31 1932 M. M. Corwin Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 31 1932

22. I HEREBY CERTIFY That I attended deceased from Jan. 16 - 1932 to Mar. 31 - 1932  
 Last saw him alive on Mar. 31 - 1932 Death is said to have occurred on the date stated above, at 11 A. m.  
 The principal cause of death and related causes of importance were as follows:

Acute Nephritis Date of onset 9-20-32  
130  
104A 130  
 Other contributory causes of importance:  
Acute Colic

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 \_\_\_\_\_, 19\_\_\_\_  
 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) H. E. Sanders M. D.  
 (Address) 1515 West Aug.

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.

MARGIN RESERVED FOR BINDING

Dr. Souquet  
Professeur