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

Do not use this space.

9565

File No.

Registered No. 85

1. PLACE OF DEATH

80 County Pettis

Township Prairie

City (No. St. Ward)

Registration District No. 668

Primary Registration District No. 5890

2. FULL NAME Dimple Lee 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. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

APR 28 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 1 = 1930

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
2	3	21	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(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): Mo

PARENTS

10. NAME OF FATHER: Silas Hall

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

12. MAIDEN NAME OF MOTHER: Vally McCauley

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

14. INFORMANT: Liley Hall
(Address): Sedalia Mo R-3

15. FILED 3-23 1932 J. L. Love REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 3-21 (1932)

17. I HEREBY CERTIFY, That I attended deceased from March 18, 1932 to March 21, 1932 that I last saw h. alive on March 21, 1932, and that death occurred, on the date stated above, at 11:30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Botulism

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) 40

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Found

(Signed) W. C. Walker, M. D.

, 19 (Address) La Monte 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: Knob Noster Mo

DATE OF BURIAL: Mar 23 1932

20. UNDERTAKER: B. F. Parker

ADDRESS: La Monte Mo