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.

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

Do not use this space.

17371

96

1. PLACE OF DEATH

County St. Louis. Registration District No. 1123 File No.

Township Carondelet Primary Registration District No. 6248 B Registered No. 661

City Jefferson Barracks, Mo. U.S. Veterans Administration Hospital, Jefferson Barracks, Mo. (Ward)

2. FULL NAME Dallas L. Hall

(a) Residence, No. Lentner, Mo. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 27, 1894

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	37	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unavailable.

10. Date deceased last worked at this occupation (month and year) Unavailable.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Galesburg, Illinois.

FATHER

13. NAME Frank. A. Hall.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable. Illinois.

MOTHER

15. MAIDEN NAME Ella Hawkins.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable. Illinois.

17. INFORMANT (ADDRESS) C. H. Smith, Clinical Director, U.S.V.A. Hospital, Jefferson Brks, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Clarmer Mo DATE 5/5, 1932

19. UNDERTAKER (ADDRESS) O. Rothmeister Undt Co N. 7814 St Louis

20. FILED 5/5, 1932 L. C. Bolin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4, 1932., 19

22. I HEREBY CERTIFY, That I attended deceased from June 28, 1929, 19, to May 4, 1932., 19

I last saw him alive on May 4, 1932., 19. Death is said to have occurred on the date stated above, at 7:45 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia.	
81A	
107A	

Other contributory causes of importance:
Amyotrophic lateral Sclerosis.

Name of operation Date of

What test confirmed diagnosis? Physical & Laboratory findings. Was there an autopsy? No

23. If death was due to external cause (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?

If so, specify

(Signed) W. C. Gibson, Medical Officer In Chg. M.D.

(Address) U.S. Veterans Hospital, Jefferson Barracks, Mo.