

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

Do not use this space.

20065

1. PLACE OF DEATH
 59 County Lumpkin Registration District No. 509
 Township Creamridge Primary Registration District No. 50377
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME James Melburn 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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9 1849

7. AGE YEARS 88 MONTHS 0 DAY 18 If LESS than 1 day, _____ hrs. or _____ min.

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. _____

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.

MOTHER 13. NAME John Hall

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.C.

15. MAIDEN NAME Mary Kusteron

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT P. W. Hall
 (ADDRESS) Chickasha Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE School Cem DATE 6 29 1932

19. UNDERTAKER J. B. Norman
 (ADDRESS) Chickasha Mo

20. FILED 6-27 1932 Emma Boyles
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6 27 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1930, to June 27 1932
 I last saw him alive on June 26 1932 Death is said to have occurred on the date stated above, at 11:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Mitral Stenosis Date of onset 1920
92A
 Other contributory causes of importance: 92A
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Physiologic Was there an autopsy? No

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) A. J. Collins M. D.
 (Address) Chickasha Mo

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.

JUL 25 1932

Deputy

