

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.

SEP 27 1932

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

Do not use this space.
28190

1. PLACE OF DEATH
 102 County Shelby Registration District No. 827
 2 Township State Primary Registration District No. 4500
 3 City Clatsuda (No. _____) St. _____ Ward _____

2. FULL NAME Mrs Mary Catherine 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

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 OR (OR) WIFE OF R. Thos. Hall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 22 1857

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>74</u>	<u>8</u>	<u>16</u>	

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

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) Aug 7 - 32 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mound Co. Mo.

13. NAME John Farrell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Mary Ann Grove

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT R. Thomas Hall (ADDRESS) Clarence Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Maplewood Cemetery DATE Aug 10, 1932

19. UNDERTAKER Hamilton Undert Co (ADDRESS) Clarence Mo

20. FILED _____ 19 _____ Ray Hamilton Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1927, to Aug 8, 1932. I last saw him alive on Aug 5, 1932. Death is said to have occurred on the date stated above, at 9:45 P.M.

The principal cause of death and related causes of importance were as follows:
Uremia
Diabetic Coma
59
 Other contributory causes of importance: Hypertension
Diabetic Mellitus
Chronic Interstitial Nephritis

Name of operation _____
 What test confirmed diagnosis _____

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) Harry M. Jace, M. D.
 (Address) _____

