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

Do not use this space.

33027

73

1. PLACE OF DEATH
County: Wayne Registration District No. 608
Township: W Franklin Primary Registration District No. 6-2-6-4
City: ~~Stella~~ (No. ..... St. ..... Ward)

File No. .....
Registered No. 28

2. FULL NAME Albert T. Hall
(a) Residence. No. Washburn 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5a. IF MARRIED, WIDOWED, ~~OR DIVORCED~~ HUSBAND OF (OR) ~~WIFE OF~~: Bertha Hall

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 21 1891

7. AGE: Years 41 | Months 8 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(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: J. R. Hall
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Missouri A. Woods
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Mo.

14. INFORMANT: J. R. Hall
(Address): Washburn Mo R.F.D

15. FILED Dec 5, 1932 L N Parnell, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 6 1932

17. I HEREBY CERTIFY, That I attended deceased from July 10, 1932, to Oct 6th, 1932, that I last saw h. alive on Oct 6, 1932, and that death occurred, on the date stated above, at 10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carn Hyphia Cancer
complicated With
malignant Septic Sore Throat
(duration) yrs. 1 mos. 20 ds.

CONTRIBUTORY (SECONDARY) 1 5 D
Coronary Thrombosis (duration) yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Dont Know
DID AN OPERATION PRECEDE DEATH? No. DATE OF. No
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory
(Signed) C C Cardwell, M. D.
Oct 6, 1932 (Address) Stella 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: Keller Cemetery — DATE OF BURIAL: Oct 7 1932

20. UNDERTAKER: Yates Funeral Dir. Co — ADDRESS: Wheatland

Carcinoma of the Cervix

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.

WRITE PLAINLY WITH INDELIBLE INK—THIS IS A PERMANENT RECORD