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.

NOV 8 1932

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

Do not use this space.

33314

1. PLACE OF DEATH

91 County Ripley — Registration District No. 251 — File No. 430

Township Thomas — Primary Registration District No. 5990 — Registered No. 53

City — (No. , St. Ward)

2. FULL NAME Robert Lee Hall

(a) Residence, No. Torch mo St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 31 1873

7. AGE: 58 YEARS, 9 MONTHS, 01 DAYS — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer - 1
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) Doniphan - Ripley Co - Mo. 1

FATHER

13. NAME Joseph Hall
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown - Ky - 2

MOTHER

15. MAIDEN NAME Jane Porter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown - unknown - 31

17. INFORMANT (ADDRESS) T W Hall Naylor

18. BURIAL, CREMATION, OR REMOVAL Pulaski, Mo
PLACE Unity Cem. DATE Oct. 21 1932

19. UNDERTAKER (ADDRESS) Minnie Gish. Naylor Mo

20. FILED Oct 25 1932 H Ewbitt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 20 - 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1932, to Oct 20, 1932

I last saw him alive on before accident 19.... Death is said to have occurred on the date stated above, at 6 P m.

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

	Date of onset
accidental, fell from wagon on head and broke neck.	
2 P 2 M	292

Other contributory causes of importance: 212

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury 10/20 1932

Where did injury occur? on road home Ripley Co Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. on public road by accidently falling from

Manner of injury wagon while driving a team

Nature of injury and breaking his neck.

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) H Ewbitt, M. D.

(Address) Naylor Mo