

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

Do not use this space.

35914

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Jean Primary Registration District No. 1002
 City Kansas City (No. Kansas City Gen Hosp St. _____ Ward)

File No. 4424
 Registered No. 4424

2. FULL NAME

Lea Hall
 (a) Residence, No. 3219 E 28th St., 11 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lon A Hall</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 7 - 1887</u>		
7. AGE	YEARS <u>44</u>	MONTHS <u>5</u>
	DAYS <u>18</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>---</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-25, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-2, 1932, to 11-25, 1932.

I last saw her alive on 11-25, 1932. Death is said to have occurred on the date stated above, at 2:50 a.m.

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

Carcinoma of cervix
48
710
 Other contributory causes of importance:
Secondary Anemia
 Date of onset

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Delmar, Va</u>
	13. NAME <u>Geo L Blanchard</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Louisa</u>
	15. MAIDEN NAME <u>Mary A Johnson</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pulaski, Mo</u>
17. INFORMANT (ADDRESS) <u>Retired Clerk</u>	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>First Hill</u> DATE <u>11-26</u>
19. UNDERTAKER (ADDRESS) <u>Mrs S L Foster</u>	20. FILED <u>Nov 25</u> 19 <u>32</u> M. M. <u>Carroue</u> Registrar.

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? _____ 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) J H Garner M. D.
 (Address) 12 C Gen Hosp

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.

