

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

Do not use this space.

39004

PLACE OF DEATH
 County Cooper Registration District No. 219
 Township Kelly Primary Registration District No. 5-2-9-9
 City Bunceton, Mo (No. 4132) St. Mo Ward 2A

File No. 2A
 Registered No. 27

FULL NAME Cora Paxton Hall
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred Life 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) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James W. Hall
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 4, 1870
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
62 11 6
 OCCUPATION 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. 235
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Pilot Grove, Mo (STATE OR COUNTRY) 1

FATHER 13. NAME Singleton Paxton

14. BIRTHPLACE (CITY OR TOWN) Virginia (STATE OR COUNTRY) 2

MOTHER 15. MAIDEN NAME Sally Ann Alexander

16. BIRTHPLACE (CITY OR TOWN) Louisville, Ky (STATE OR COUNTRY)

17. INFORMANT Hattie Paxton (ADDRESS) Bunceton, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Butler, Mo DATE Dec. 7 1932

19. UNDERTAKER L. G. Parker (ADDRESS) Bunceton, Mo

20. FILED Dec 7 1932 Hattie Paxton Registrar.

MEDICAL CERTIFICATE OF DEATH

2. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 5th 1932
 22. I HEREBY CERTIFY, That I attended deceased from June 1 1932 to Dec 5th 1932
 I last saw him alive on Dec 5th 1932 Death is said to have occurred on the date stated above, at 4 P. m.
 The principal cause of death and related causes of importance were as follows:

Apoplexy Date of onset _____
131
82A 131
 Other contributory causes of importance: Chronic Bright's Disease

Name of operation None 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? no
 If so, specify _____
 (Signed) M. A. Elliott M. D.
 (Address) Bunceton, 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.

