

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

Do not use this space.

40767

1. PLACE OF DEATH

County Phantomery Registration District No. 590
Township Lafayette Primary Registration District No. 578E
City (No. _____) St. _____ Ward _____

2. FULL NAME Martin Wilbert Hall

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred Life time mos. _____ yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)
How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|--|--|
| 3. SEX <u>male</u> | 4. COLOR OR RACE <u>white</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>single</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 1 - 1916</u> | | |
| 7. AGE | YEARS <u>16</u> | MONTHS <u>5</u> |
| | | DAYS <u>5</u> |
| | | If LESS than 1 day, _____ hrs. or _____ min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. <u>child</u> | |
| | 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) <u>McKittick, Mo</u> | | |
| FATHER | 13. NAME <u>Louis Hall</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>McKittick, Mo</u> | |
| MOTHER | 15. MAIDEN NAME <u>Louey Knight</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jonesburg, Mo</u> | |
| 17. INFORMANT (ADDRESS) _____ | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bedford Cem.</u> DATE <u>Dec 6 1932</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>Louey Hall, McKittick, Mo</u> | | |
| 20. FILED <u>12/6 1932</u> <u>J.C. Zindig</u> Registrar | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 5 1932 to Dec 5 1932
I last saw him alive on Dec 5 1932 Death is said to have occurred on the date stated above, at 2:15 p.m.
The principal cause of death and related causes of importance were as follows:
Emphysema
Date of onset _____
85
113
130
Other contributory causes of importance:
Head Epileptic seizures all of his life and never was normally developed

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

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) W.B. Nichols, M. D.
(Address) Richland, Mo

WRITE CLEARLY, 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.

JAN 9 1933

