

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

Do not use this space.

41092

82

**PLACE OF DEATH**

County Pike  
Township Cabernet  
City Clarksville (No. \_\_\_\_\_)

Registration District No. 685  
Primary Registration District No. 5909-13

File No. 23  
Registered No. 26  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Eizabeth Ann Hall

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

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 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 Richard Hall  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20, 1852  
7. AGE YEARS MONTHS DAY IF LESS than 1 day, hrs. or min.  
80 4 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
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) Missouri /

13. NAME William Wells

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Martha McCoy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Berkley Wells  
(ADDRESS) Clarksville

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE Dec 12, 1932

19. UNDERTAKER A. Brown  
(ADDRESS) Clarksville, MO

20. FILED Jan 2, 1933 H. H. Railway  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1932 to Dec 11, 1932  
I last saw her alive on Dec 10, 1932 Death is said to have occurred on the date stated above, at 11:30 a.m.  
The principal cause of death and related causes of importance were as follows:

Date of onset \_\_\_\_\_  
myocardial  
970 of 210  
Other contributory causes of importance: \_\_\_\_\_  
①

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) [Signature] M. D.  
(Address) [Address]

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.

