

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.

FEB 27 1933

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

Do not use this space.

1085

1. PLACE OF DEATH  
 County Brunswick Registration District No. 330  
 Township Trenton Primary Registration District No. 3017  
 City Trenton (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME John Calvin Hall  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 75 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) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Ann Hall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 8 - 1857

7. AGE YEARS 75 MONTHS 2 DAYS 24 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant

10. Date deceased last worked at this occupation (month and year) December 1, 1932 11. Total time (years) spent in this occupation \_\_\_\_\_

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

13. NAME William Hall

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

15. MAIDEN NAME Agnes Triplett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

17. INFORMANT Miss Helen Hall (ADDRESS) Trenton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE People's Cemetery, Trenton, Mo. DATE Jan 6, 1933

19. UNDERTAKER Sam C. Davis (ADDRESS) Trenton, Mo.

20. FILED 4 Jan. 1933 G. A. Deffen Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1932 to Jan 2, 1933  
 I last saw him alive on Jan 2, 1933. Death is said to have occurred on the date stated above, at 10:04 a.m.  
 The principal cause of death and related causes of importance were as follows:  
cardiac disease, valvular, chronic, mitral Date of onset 1925  
92A  
11B 92A  
 Other contributory causes of importance: Influenza 1932

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) G. W. Colsh, M. D.  
 (Address) Trenton, Mo.

