

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD. FEB 21 1933

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

Do not use this space.

8515

1. PLACE OF DEATH

County Boone  
Township Colfax  
City Colfax (No.     )

Registration District No. 73  
Primary Registration District No. 3006

File No.       
Registered No. 59  
St.      Ward     

2. FULL NAME

James Clayton Hall

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

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 20 - 1948

7. AGE YEARS 84 MONTHS 6 DAYS 10 If LESS than 1 day, hrs. or min.     

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

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) Boone Co. Mo.

13. NAME Samuel Hall

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

15. MAIDEN NAME Susana Barron

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

17. INFORMANT (ADDRESS) Joseph J. Barron, 1505 County, Columbia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia Cemetery DATE 4-1-1933

19. UNDERTAKER (ADDRESS) Parker-Freem Co, 16 N 10 St

20. FILED 4/1/33 1933 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-30-1933

22. I HEREBY CERTIFY, That I attended deceased from March 30 1933 to March 30 1933

I last saw him alive on March 30 1933. Death is said to have occurred on the date stated above, at 8 a.m.

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

Cosinary thrombosis  
94B  
94C  
94D  
Other contributory causes of importance arteriosclerosis

Name of operation none 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?       
If so, specify     

(Signed) Wm Campbell, M. D.  
(Address) Columbia, Mo

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