WRITE PLAINLY, 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.

APR 22 1933

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

Do not use this space.

9392

1. PLACE OF DEATH
County Jackson — Registration District No. 398 — File No.
Township Blue — Primary Registration District No. 3019 — Registered No. 79
City Independence (No. ..., ... St. ..... Ward)

2. FULL NAME Nettie A Hall
(a) Residence, No. 807 S Main St., ... Ward. (If nonresident, give city or town and State)
(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.

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 Delores A Hall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 5 - 1865

7. AGE: YEARS 67 — MONTHS 7 — DAYS 2 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife 53
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " " 1111
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) Massiton Ohio

FATHER
13. NAME Frederick Harbaugh
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown " "

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "

17. INFORMANT (ADDRESS) Clarence L Hall 4116 Montgall K.C. Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wichita Kans. DATE Mar 9, 1933

19. UNDERTAKER (ADDRESS) Ott & Mitchell Independence Mo

20. FILED March 9, 1933 F.L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mch 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1932, to March 7, 1933
I last saw her alive on March 6, 1933. Death is said to have occurred on the date stated above, at 1:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fibrosarcoma of the left leg	1930
Pulmonary artery embolism	Sudden

Other contributory causes of importance: 536

Name of operation Oct. 1932 Date of .....
What test confirmed diagnosis? Microscopic 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) John J Green, M. D.
(Address) Independence, Mo.