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

Do not use this space.

33403

File No.
Registered No.

1. PLACE OF DEATH
County: Jasper
Township:
City: Carthage (No. 829 E 5th St. St. Ward)
Registration District No. 408
Primary Registration District No. 3020

2. FULL NAME: William Taff Hall
(a) Residence, No. 829 E 5th St. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

49
5
7

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 10-1910

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
23	4	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Porter
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): Berryer Okla.

FATHER
13. NAME: Harold Hall
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Okla.

MOTHER
15. MAIDEN NAME: Janie Gardner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tex.

17. INFORMANT (ADDRESS): Mrs Janie Robinson Carthage Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Cedar Hill Cemetery DATE: 10-9, 1933

19. UNDERTAKER (ADDRESS): Ulmer-Moore Carthage Mo

20. FILED: Oct 9, 1933 S. B. Clinton Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1933, to Oct 6, 1933
I last saw him alive on Oct 6, 1933. Death is said to have occurred on the date stated above, at 5:55 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis and Endocarditis	
93A	
Other contributory causes of importance:	
93C	

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) J. E. Byrd, M. D.
(Address) Carthage Missouri

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.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

OCT 20 1933