

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.

NOV 10 1933

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

Do not use this space.

33961

1. PLACE OF DEATH
 78 County Peru Registration District No. 651
 Township Little Prairie Primary Registration District No. 8863
 City Little Prairie (No.) St. Ward)

2. FULL NAME Albert Hall
 (a) Residence, No. Hayti 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. da. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. COLOR OR RACE <u>C.</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Martha Hall</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>About 53 yrs.</u>		
7. AGE	YEARS	MONTHS
<u>About 53 yrs.</u>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Janitor</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>—</u>
10. Date deceased last worked at this occupation (month and year) <u>Sept. 1933</u>		11. Total time (years) spent in this occupation <u>Life</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss</u>		
13. NAME <u>Charles Hall</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss</u>		
15. MAIDEN NAME <u>Julia</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss</u>		
17. INFORMANT <u>Lu Hall Hayti</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hayti</u> DATE <u>10/17</u> 19 <u>33</u>		
19. UNDERTAKER <u>Lo Jones</u>		
20. FILED <u>11/12</u> 19 <u>33</u> <u>Ada Martin</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/16, 1933

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....
 I last saw him alive on, 19..... Death is said to have occurred on the date stated above, at 7:30 p.m.
 The principal cause of death and related causes of importance were as follows:

<p><u>Cerebral Apoplexy</u></p> <p>Other contributory causes of importance:</p> <p><u>82 A</u></p>	<p>Date of onset</p>
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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 Yes
 (Signed) W. Rhodes Coroner
 (Address) Hayti

