

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

Do not use this space.

34176

**1. PLACE OF DEATH**

89 County Ray Registration District No. 743  
Township Arick Primary Registration District No. 5978  
City Merigold (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

John A Hall  
(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 63 yrs. 5 mos. 25 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) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Laura Hall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5/6/1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
63 5 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
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) Ray Co mo

13. NAME Solomon Hall

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co mo

15. MAIDEN NAME Sarah Clark

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co mo

17. INFORMANT Wm Hall  
(ADDRESS) Arick mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Riff Cemetery DATE 11/2 1933

19. UNDERTAKER C. Wilson  
(ADDRESS) Arick mo

20. FILED Nov 3 1933 L. E. Ellis  
Arick mo Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/31 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 29 1933 to Oct 31 1933  
I last saw him alive on Oct 31 1933 Death is said

to have occurred on the date stated above, at 11 P. m.  
The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus Date of onset \_\_\_\_\_  
59  
15B  
64  
Other contributory causes of importance:  
Cardiac Decompensation

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Blood Chemistry 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? no  
If so, specify \_\_\_\_\_  
(Signed) L. E. Ellis M. D.  
(Address) Arick, mo.

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

