NOV 10 1933

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

Do not use this space.

34573

File No. 8732

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis Mo (No. , St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Nancy Hall

(a) Residence, No. 1012 A N 14th St. St., 25 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 11-27-1890

7. AGE: YEARS 42 | MONTHS 11 | DAYS 8 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

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): Desoto Mo

FATHER

13. NAME: Frank Mitchell

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

MOTHER

15. MAIDEN NAME: Jennie Miller

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

17. INFORMANT (ADDRESS): Claudie Hall 1012 A N 14th St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Desoto Mo DATE 10-9- 1933

19. UNDERTAKER (ADDRESS): Ellis Funeral Home 2820 Stoddard St.

20. FILED OCT -8 1933 19 J S Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 - 5 , 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1933, to Oct 5, 1933

I last saw her alive on Sept 29, 1933. Death is said to have occurred on the date stated above, at 11 A. m.

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

	Date of onset
Chronic parenchymatous	
131 Nephritis	3 mo

Other contributory causes of importance:

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Name of operation Date of

What test confirmed diagnosis? Clinical 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? No

If so, specify

(Signed) Vincent J Mueller, M. D.

(Address) 2335 Franklin

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.

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