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.

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

Do not use this space.

40420

JAN 26 1934

1. PLACE OF DEATH

County Jasper — Registration District No. 407

Township — Primary Registration District No. 41741

City Carterville (No. ..... St. ..... Ward)

File No. .....

Registered No. .....

2. FULL NAME Joseph M Hall

(a) Residence, No. 121 E Poplar 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. 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: Mary R Hall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 6, 1862

7. AGE: YEARS 71 — MONTHS 8 — DAYS 23 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Drill Man
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Zinc Mines
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): Cass County Missouri

FATHER

13. NAME: John W. Hall
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER

15. MAIDEN NAME: E. J. Reeves
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mrs Mary R. Hall, Carterville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Carterville Cem. DATE: 12/31, 1933

19. UNDERTAKER (ADDRESS): Webb City Undertaking Co, Webb City Mo

20. FILED: 1/1, 1934 J. W. Clark, Registrar.

*MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1933 to Dec 29, 1933

I last saw him alive on Dec 28, 1933. Death is said to have occurred on the date stated above, at 7 a.m.

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

Mitral Regurgitation — Date of onset

92 A

118 C

92 A

Other contributory causes of importance:

acute Gastritis

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) Geo Lane, M. D.

(Address) Webb City Mo