

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

Do not use this space.

40911

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.

JAN 26 1934

1. PLACE OF DEATH Ogark
 77 County Richland Registration District No. 650
 Township Richland Primary Registration District No. 5861
 City Richland (No. St. Ward)

2. FULL NAME Sherman Caleb 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Jane Hall
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 17-1858
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 15
 OCCUPATION 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) Indiana
 13. NAME John Hall
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
 15. MAIDEN NAME unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
 17. INFORMANT Frank Hall
 (ADDRESS)
 18. BURIAL, CREMATION, OR REMOVAL PLACE Ball Cemetery DATE Dec. 3, 1933
 19. UNDERTAKER none
 (ADDRESS)
 20. FILED Dec. 23, 1933 J. A. Baly M.D.
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 2, 1933
 22. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1933, to Dec. 2, 1933
 I last saw him alive on Dec. 2, 1933 Death is said to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:
Myocardial Infarction
Agency
 Other contributory causes of importance:
 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. A. Baly M. D.
 (Address) Dora Mo

