

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

Do not use this space.

MAR 24 1934

1. PLACE OF DEATH

County Chariton
Township Clark
City (No. _____) _____

Registration District No. 174
Primary Registration District No. 5242

File No. 4273
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Seamor 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 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 7 Ester (Capps) Hall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 5 1888

7. AGE YEARS 83 MONTHS 4 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.

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) Abbeville Ohio

13. NAME James Hall

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) Mrs. Ellen Fletcher
124 Louisville

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis DATE Feb 7 1934

19. UNDERTAKER (ADDRESS) James M. Laughlin
124 Louisville

20. FILED Mar 20 1934 L. N. Stratton, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 6 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1934 to same, 1934
I last saw h. alive on Feb 15 1934. Death is said

to have occurred on the date stated above, at 10:00 a.m.
The principal cause of death and related causes of importance were as follows:

IIA Phosphorica
(14 hr. status)
Date of onset _____
Other contributory causes of importance: (Other) 1102

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?
If so, specify _____

(Signed) Dr. Leming Bennett, M. D.
(Address) Marion Ave. 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.

