

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

Do not use this space. 730

18056

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **1008**
 City **St. Louis** (No. **City Hospital**) St. Ward)

File No.
 Registered No. **4478**

2. FULL NAME

Edward Hoyt Hall
 (a) Residence, No. **Bristol Hotel**, St., **5** Ward. (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) **Single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov 1st 1903**

7. AGE YEARS **30** MONTHS **6** DAYS **x** If LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as saw mill, saw mill, bank, etc. **Underwood Electric Typewriter Adding Machine**

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) **St. Louis, Mo**

13. NAME **Dr Harry R. Hall**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Avon N. Y.**

15. MAIDEN NAME **Jessie Thompson**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Elizabeth, N. Y.**

17. INFORMANT (ADDRESS) **Mrs Jessam T. Hall, 5048 Westminister Plc**

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE **Bellefontaine Cem. 5-3-34**

19. UNDERTAKER (ADDRESS) # **CR. Supton + Sons, 4449 Cleveland Street**

20. FILED **MAY - 2 - 1934**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5/1/1934**

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at **10:00 P.** m.

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

Gun shot wound of right side of head above right ear, self-inflicted at residence, on May 1, 1934 at about 8:24 PM

Other contributory causes of importance:

Name of operation Date of **167**

What test confirmed diagnosis? Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? **suicide** Date of injury **2/1**, 19 **24**

Where did injury occur? **St. Louis, Mo** (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. **Home**

Manner of injury **Gun**

Nature of injury **Gun shot wound**

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) **Norval H. Kibbey**, M. D.

(Address) **1234**

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.

JUN 19 1934

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WRITE PLAINLY, WITH CAPITALS, WITH UNDERLINES, THIS IS A STANDARD FORM

