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.

JUN 19 1934

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

Do not use this space.

File No. 18358
Registered No. 4831

1. PLACE OF DEATH
County St. Louis
Township St. Louis
City St. Louis (No. 2316 Division St. Ward)
Registration District No. 711
Primary Registration District No. 1A

2. FULL NAME Hall, James
(a) Residence, No. 2316 Division St., 21 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. 11 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
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: unmarried
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 9-1923
7. AGE: YEARS 10 MONTHS 11 DAYS 1 If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None
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

FATHER
13. NAME: Joseph Hall
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis

MOTHER
15. MAIDEN NAME: Marguerite Price
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis

17. INFORMANT: Dr Hamman
(ADDRESS) 6235 Columbia

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem DATE May-14 1934

19. UNDERTAKER: Cullinane Bros.
(ADDRESS) 1210 N. Grand Blvd

20. FILED MAY 12 1934 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-10-1934

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1933, 19..., to May 10, 1934, 19...
I last saw him alive on 5-10 1934. Death is said to have occurred on the date stated above, at 2 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis, Tuberculous	Apr 21 1934
2 A.P.	
2 B	

Other contributory causes of importance:

Scrofuloderma	3 yrs

Name of operation ... Date of ...
What test confirmed diagnosis? Lumbar Puncture Was there an autopsy? No

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) Stanley C. Hamman, M. D.
(Address) 6235 Columbia