

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

Do not use this space.

20629

1. PLACE OF DEATH

County Lackawanna
Township Hesper
City H. e

Registration District No. 199

Primary Registration District No. General Hospital

File No. 28.5

Registered No. _____

St. _____ Ward _____

2. FULL NAME

James R. Hall

(a) Residence, No. 1424 Forest St., _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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) Sept. 9-1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
77 9 20

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Water Dept

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) Anderson Co Tenn

13. NAME Richard Hall

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

15. MAIDEN NAME Sarah J. McLin

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

17. INFORMANT (ADDRESS) Mrs J. R. Hall 1424 Forest Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Presbyterian Elmwood June 26

19. UNDERTAKER (ADDRESS) A. P. Daehler 1415 210

20. FILED 6/26 1934 M. M. Crowe
non Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/23/34

22. DECEASED BY Septicemia This individual deceased from _____ to _____ 19____

I last saw him alive on 3/29 19____ 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:

Acute Arterial Hypertensive Hemorrhage Secondary to arteriosclerosis
Date of onset _____

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 cause, violent, fill in also the following: Accident, suicide, or homicide _____

Where did injury occur 1424 Forest Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fell out of bed

Nature of injury _____

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

If so, specify _____

(Signed) [Signature], M. D.

(Address) [Address]

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.

JUL 17 1934

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