

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.

AUG 19 1934

Harms

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

Do not use this space.

23689

1. PLACE OF DEATH

County Chariton Registration District No. 175
Township Salisbury Primary Registration District No. 4104
City Salisbury (No. _____ St. _____ Ward _____)

File No. _____
Registered No. 54

2. FULL NAME

Maxine Elizabeth Hall
(a) Residence, No. _____ 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 <u>Female</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 24, 1934</u>		
7. AGE	YEARS	MONTHS
		<u>6</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		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) <u>Salisbury</u>		
13. NAME <u>Heroy Dussart</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Salisbury</u>		
15. MAIDEN NAME <u>Louise Hall</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kennettville</u>		
17. INFORMANT <u>Louise Hall</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Salisbury, Mo.</u> DATE <u>7/24, 1934</u>		
19. UNDERTAKER <u>Funeral Home Bros</u> (ADDRESS) <u>Salisbury, Mo.</u>		
20. FILED <u>7-26, 1934</u> <u>Burton</u> Registrar.		

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-24, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1934 to July 24, 1934
I last saw her alive on July 31, 1934 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 Enteritis
119B
104 W. 1196
Other contributory causes of importance:
Bronchial Pneumonia 7-24-34
Date of onset 7-9-34

Name of operation none Date of _____
What test confirmed diagnosis? Chemical 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? No
If so, specify _____
(Signed) F. L. Harms, M. D.
(Address) Salisbury, Mo.

Li. Passer 30.