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 17 1934

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis, Mo. Registration District No. 1123 File No. 27754

Township Carmatter Primary Registration District No. 624800 Registered No. 2674

City Jefferson Barracks, Mo. (No. Veterans Administration Facility St. Ward)

2. FULL NAME John HALL

(a) Residence, No. 715 North Sarah, St. Louis, Mo. Ward. --
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Un yrs. kn mos. wn ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Colored	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Agnes Hall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 21, 1886

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	47	9	27	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) Unavailable

11. Total time (years) spent in this occupation Unavail.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richland, Missouri

FATHER

13. NAME Creed Hall

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) - Missouri

MOTHER

15. MAIDEN NAME Texas Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) - Missouri

17. INFORMANT (ADDRESS) C.H.SMITH, M.D., Clinical Director Veterans Adm.Fac.Jeff.Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Nat Cemetery Jefferson Barracks DATE 7-22 1934

19. UNDERTAKER (ADDRESS) Sneed - Randle 920 N. Leonardas

20. FILED July 18 1934 B. F. Tate M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1934 to July 18, 1934

I last saw him alive on July 18, 1934. Death is said to have occurred on the date stated above, at 3:10A m.

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

	Date of onset
Pulmonary Tuberculosis	Unk.

23A

23

Other contributory causes of importance:

None

Name of operation -- Date of

What test confirmed diagnosis? X-ray, physical, laboratory findings 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) W. C. GIBSON M. D. Manager, M. D.

(Address) Vet. Adm. Fac. Jeff. Brks., Mo.