DEC 14 1934

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

Do not use this space.

39147

1. PLACE OF DEATH

County Greene Registration District No. 318 File No. 573

Township North Campbell Primary Registration District No. 5439 Registered No.

City ~~Springfield~~ (No. Federal Transcient ~~Camp~~ Shelter St. Ward)

2. FULL NAME Mr. Finley ~~Hill~~ Hall

(a) Residence, No. Transcient Camp. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	Unknown

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
68	~~XXX~~	XXX	XXX	

OCCUPATION

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. Unknown.

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) Unknown.

FATHER

13. NAME Unknown.

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

MOTHER

15. MAIDEN NAME Unknown.

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

17. INFORMANT (ADDRESS) Transcient Bureau Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Eastlawn DATE 11/24 1934

19. UNDERTAKER (ADDRESS) H. H. Lohmeyer Funeral Home 458 E. Walnut St., Spfld. Mo.

20. FILED 11-18 1934 ~~Johnnie Wilson~~ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 17th 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 12 1934, to Nov 17 1934

I last saw him alive on Nov 17 1934 Death is said to have occurred on the date stated above, at 11 P m.

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

	Date of onset
Bronchial Pneumonia	Dain Kn
He came to Fed. Transient Shelter sick Nov 13th and died Nov 17th	

Other contributory causes of importance:

107

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

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 None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Rodney T Williams, M. D.

(Address) Springfield Mo