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.

DEC 13

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

Do not use this space.

41207

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 714 Barry St. ..... Ward)

File No. .....

Registered No. 11193

2. FULL NAME Georgiana Hall

(a) Residence, No. 714 Barry St., 23 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 67 yrs. 6 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1 - 1867

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
67	6	19	

OCCUPATION

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

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) Missouri

FATHER

13. NAME John Quilliam

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Frances Hall 714 Barry St

18. BURIAL, CREMATION, OR REMOVAL PLACE New St Marcus DATE Nov 23 1934

19. UNDERTAKER (ADDRESS) Wm C. Moydell 1926 Allen Ave

20. FILED NOV 23 1934 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from October 1st, 1934, to Nov. 20, 1934

I last saw her alive on Nov. 20 1934 Death is said to have occurred on the date stated above, at 7 35 P.m.

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

	Date of onset
CHRONIC MYOCARDITIS +	1932
CHRONIC INTERSTITIAL NEPHRITIS +	1932
ARTERIO-SCLEROSIS + HYPERTENSION (LEFT HEMIPLEGIA 1932)	1932
ENCEPHALOMALACIA	1932

Other contributory causes of importance:

SECONDARY ANEMIA	1932

Name of operation X Date of X

What test confirmed diagnosis? URINE + Blood pressure 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 X

(Signed) Walter E Frank, M. D.

(Address) 1405 S. Barney