

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

Do not use this space.

JAN 1 8 1935

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
 Township Jacobs Primary Registration District No. \_\_\_\_\_  
 City Kansas (No. 3819, Indep. Ave) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 43052  
 Registered No. 57487

**2. FULL NAME**

Carroll Hall  
 (a) Residence, No. 3819, Indep. Ave St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. mos. ds. 2 How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 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 \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18-1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
83 5 1

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. Retired

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) Ohio

13. NAME Tom Hall

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

15. MAIDEN NAME Susie Woodard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

17. INFORMANT (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Wassaw Mo DATE Dec 19-34

19. UNDERTAKER (ADDRESS) Carroll Bros. Ke Mo.

20. FILED 12/19, 1934 M. M. Carroll Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1934, to Dec 19, 1934

I last saw him alive on Dec 14, 1934. Death is said to have occurred on the date stated above, at 5.7 m.

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

Cerebral hemorrhage Date of onset 8/22/31  
Hypertension

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 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) H. H. H. H., M. D.  
 (Address) 710 Prof Bldg, KC Mo.

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.

