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.

APR 17 1935

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

Do not use this space.

8876

1. PLACE OF DEATH
County: Grundy
Township: Taylor
City: Brimson (No. ..... St. ..... Ward)
Registration District No. 328
Primary Registration District No. 5464
File No. .....
Registered No. .....

2. FULL NAME Henry Eldon Hall
(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 9 mos. ds. 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): widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 28 - 1860

7. AGE: 74 YEARS, MONTHS: 9, DAYS: 13 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: M.D. Doctor
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Henry Hall
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) unknown

14. INFORMANT Mrs L. L. Shirley
(Address) Brimson Mo.

15. FILED 3-11, 1935 Irene D Fair
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 11 1935

17. I HEREBY CERTIFY, That I attended deceased from ✓ ....., 19....., to ✓ ....., 19.....
that I last saw h..... alive on ✓ ....., 19....., and that death occurred, on the date stated above, at about 2:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage — Died suddenly — one previous attack 9 months ago.
..... (duration) ✓ yrs. ..... mos. ✓ ds.

CONTRIBUTORY (SECONDARY) Arterio - Sclerosis
..... (duration) 10 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED 82a1
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? ✓ DATE OF ✓
WAS THERE AN AUTOPSY? No ✓
WHAT TEST CONFIRMED DIAGNOSIS? ✓
(Signed) Herbert C. Kimberlin, M. D.
, 19 (Address) Coroner Grundy Co Trenton, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. ✓

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Meadville, Mo
DATE OF BURIAL: March 12 1935

20. UNDERTAKER: Bern C. Davis # 3216
ADDRESS: Trenton Mo