

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.

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

Do not use this space.

9295

## 1. PLACE OF DEATH

County Jackson  
Township \_\_\_\_\_  
City Kansas City (No. \_\_\_\_\_)

Registration District No. 399  
Primary Registration District No. 1002  
St. Marys Hospital

File No. \_\_\_\_\_  
Registered No. 5555  
St. \_\_\_\_\_ Ward

## 2. FULL NAME

George W. Hall  
(a) Residence, No. 1119 W. 75th St. Terr. Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Use the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF— <u>Mrs. Irene Hall</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 13, 1888</u>		
7. AGE	YEARS <u>46</u>	MONTHS <u>5</u>
	DAYS <u>9</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Hardware</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Salesman</u>	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) <u>Kansas City</u> (STATE OR COUNTRY) <u>Missouri</u>		
FATHER	13. NAME <u>W. S. Hall</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Missouri</u> (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>Ellen McCready</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Missouri</u> (STATE OR COUNTRY)	
17. INFORMANT <u>Mrs. Irene Hall</u> (ADDRESS) <u>1119 W. 75th Terr. K. C. Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Marys</u> DATE <u>3/23/35</u> , 19__		
19. UNDERTAKER <u>R. V. Lindsey &amp; Sons</u> (ADDRESS) <u>3811 Broadway K. C. Mo.</u>		
20. FILED <u>3-22-35 M. M. Crowe, Ass't Registrar.</u>		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>March 22, 1935</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>Mar 17, 1935</u> to <u>Mar 22, 1935</u> I last saw him alive on <u>March 22, 1935</u> Death is said to have occurred on the date stated above, at <u>1:30 a. m.</u> The principal cause of death and related causes of importance were as follows: <u>Intestinal obstruction with internal hernia</u> <u>1220 St. _____</u> Other contributory causes of importance: <u>Gangrene of small intestine loop.</u> Name of operation <u>Obstruction release</u> Date of <u>3/19/35</u> What test confirmed diagnosis? <u>Clinical</u> Was there an autopsy? <u>yes</u> 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? <u>no</u> If so, specify _____ (Signed) <u>Lea A. O'Brien</u> , M. D. (Address) <u>637 W. 39th Terr.</u>
Date of onset <u>3/13/35</u>
Date of onset <u>3/19/35</u>

