

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.

JUN 21 1935

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

Do not use this space.

19559

1. PLACE OF DEATH

County Franklin
Township Rocky Creek
City _____ (No. _____)

Registration District No. 35-8
Primary Registration District No. 55-0.3

File No. _____
Registered No. 9 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Resided in the country 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. 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4-1867

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

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal Miner

10. Date deceased last worked at this occupation (month, day, and year) Jan 1, 1935 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know.

13. NAME Don't know.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know.

15. MAIDEN NAME Don't know.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know.

17. INFORMANT Thomas Brundage (ADDRESS) Colored

18. BURIAL, CREMATION, OR REMOVAL PLACE Clinton Mo DATE 6/6 1935

19. UNDERTAKER Spore & Son (ADDRESS) Clinton Mo.

20. FILED June 8, 1935 E. G. Hilber Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4th, 1935

22. I HEREBY CERTIFY, that I attended deceased from June 4th, 1935, to June 4th, 1935.

I last saw him live on June 4th, 1935. Death is said to have occurred on the date stated above, at 3 P. M.

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

Had suffered from heart disease. Died in one of these attacks. Fell into the water, but did not leave any water in lungs.

Other contributory causes of importance:

Name of operation None Date of _____

What test confirmed diagnosis? ✓ 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 _____, 1935

Where did injury occur? ✓

Specify whether injury occurred by industry, in home, or in public place. Public Place

Manner of injury ✓

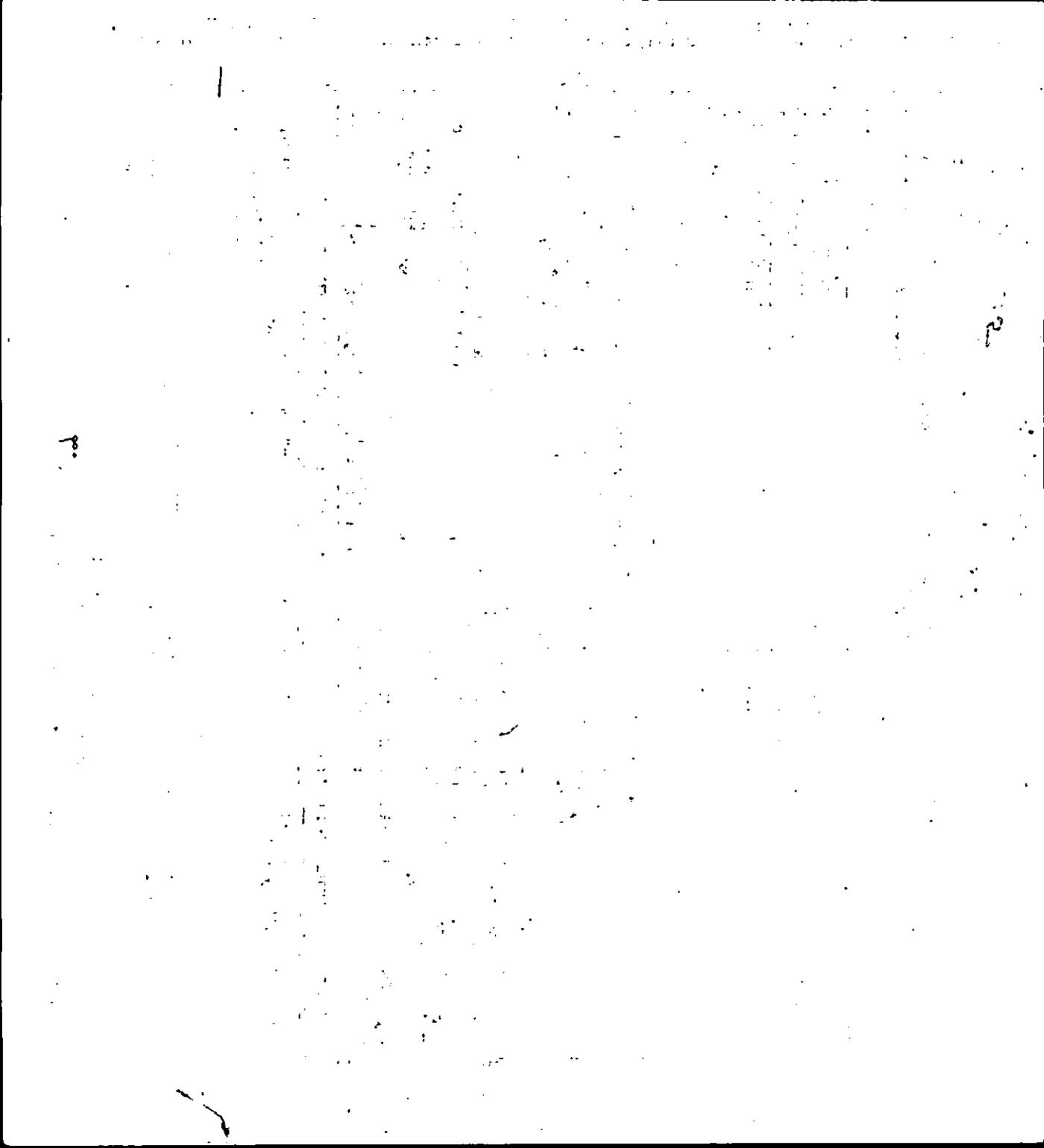
Nature of injury There was no suspect.

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

If so, specify W. P. Jennings

(Signed) W. P. Jennings, M. D.

(Address) Clinton, Mo. Corner of Allen Co. Mo.



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY. Do not use this space.

1. PLACE OF DEATH

County Henry
Township
City (No.) St. Ward

Registration District No. 358
Primary Registration District No. 3503

File No.
Registered No. 9

2. FULL NAME Manuel 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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE c 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
68

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.
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)

FATHER
13. NAME

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

MOTHER
15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED June 8 1935 E. G. Hibler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4 1935

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
I last saw him alive on 19..... Death is said to have occurred on the date stated above, at m.

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

Had suffered from heart disease died in one of these attacks fell in the water but did not have

Other contributory causes of importance:

heavy water in lungs
Prosthetic valve lesion
He had rheumatoid arthritis
Arteriosclerosis
Name of operation Date of
What test confirmed diagnosis? 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? If so, specify

(Signed) W. H. Luden M. D.
Clinton (Address) Clinton, Mo.
Carroll

AUG 6 1955

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