

SEP 18 1935

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

Do not use this space.

25746

1. PLACE OF DEATH

County Caldwell Registration District No. 94  
Township Breckinridge Primary Registration District No. 4056  
City Breckinridge (No.     ) St.      Ward)     

2. FULL NAME

James Henry Hall  
(a) Residence, No.      St.      Ward.       
(Usual place of abode)  
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 19 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
70 8 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
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) Newport Tenn

13. NAME Henry Hall

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

15. MAIDEN NAME Margret Dawson

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

17. INFORMANT (ADDRESS) Hed Hall Breckinridge mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rose Hill DATE Aug 30 1935

19. UNDERTAKER (ADDRESS) McPeck & Son Breckinridge mo

20. FILED Aug 30 1935 A. R. Woolsey M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 28 1935

22. I HEREBY CERTIFY, that I attended deceased from June 25 1935 to Aug 28 1935  
I last saw him alive on Aug 28 1935 Death is said to have occurred on the date stated above, at 5:20 a.m.  
The principal cause of death and related causes of importance were as follows:

Pulmonary Oedema (Bilateral) with Angina Pectoris  
Other contributory causes of importance: Cholerae, Rheumatism, Beriberi

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) E. L. Woolsey, M. D.  
(Address) Brazner, Mo.

Date of onset 8/31/35  
4  
8/12/35

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.

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