

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.

SEP 16 1935

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

Do not use this space.

791  
1003

28100

1. PLACE OF DEATH

County ..... Registration District No. ....  
Township ..... Primary Registration District No. ....  
City St Louis (No. St Johns Hospital) ..... File No. ....  
St. .... Registered No. 7185  
Ward) .....

2. FULL NAME

Otis Hall  
(a) Residence, No. .... St. N.R. Ward. Carterville Ill  
(Usual place of abode) .....  
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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1-1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
75 7 24

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Product  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business  
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) Vermont

FATHER  
13. NAME Grover Hall

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

MOTHER  
15. MAIDEN NAME Mary Sprague

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

17. INFORMANT Melvin Hall  
(ADDRESS) Carterville Ill

18. BURIAL, CREMATION, OR REMOVAL PLACE Carterville Ill DATE 8-27 1935

19. UNDERTAKER Albert H. Thappe Inc  
(ADDRESS) 429 N. Central Ave

20. FILED 26 1935, 19 J. F. Bredeck  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 24 1935

22. I HEREBY CERTIFY, That I attended deceased from 8/16 1935 to 8/25 1935  
I last saw him alive on 8/25 1935 Death is said to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:  
Pneumonia lobaris Date of onset

Other contributory causes of importance:  
Prostatic hypertrophy  
108

Name of operation Prostatectomy Date of 8/25  
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? no  
If so, specify.....  
(Signed) Raymond Carter M.D.  
(Address) 1609 Newfield Rd

FEB 5 1947

FEB 3 1947

Samuel  
J. Davis  
Secretary of Defense