

NOV 4 1935

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

Do not use this space.

32864

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Raw Primary Registration District No. 80091
City Kennett City (No. 4901, Wabash)

File No. 4024
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Alb W. Hall

(a) Residence, No. 4901 Wabash Ward. _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 18 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 7 1883

7. AGE YEARS 52 MONTHS 5 DAYS 1 If LESS than 1 day, _____ hrs or _____ min.

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

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) Stanberry Mo

13. NAME Albert Hall

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

15. MAIDEN NAME Phoebe Schless

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

17. INFORMANT (ADDRESS) Harry C. Hall

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph Mo DATE 10-26-35

19. UNDERTAKER (ADDRESS) Suddarth-Buchanan
6900 Front

20. FILED 10-24 1935 M.M. Crowe, asst
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-26-35

22. I HEREBY CERTIFY That I attended deceased from _____, 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:

Myocardial infarction
Chronic degenerative atherosclerosis
Coronary artery disease

Date of onset _____

Other contributory causes of importance:

Name of operation _____ Date _____

What test confirmed diagnosis _____ Was there _____

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 of injury in any way related to occupation of deceased?

If so, specify _____

(Signed) _____, M. D.

(Address) _____

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

