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.

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

Do not use this space.

35959

DEC 19 1935

1. PLACE OF DEATH
County: Jackson — Registration District No.: 398
Township: Blue — Primary Registration District No.: 5554
City: ~~[illegible]~~ (No.) 410 S. Forest St. (Ward)

File No.
Registered No. 349

2. FULL NAME: William A. Hall
(a) Residence, No. 410 So Forest 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Elizabeth Hall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 16 1862

7. AGE: Years 73 — Months 1 — Days 20 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stone mason
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Building
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): Jackson County Missouri

FATHER
13. NAME: [illegible]
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): [illegible]

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): J. J. Hall 4705 Oakland St. K. City Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Woodlawn Cem DATE: 11-10

19. UNDERTAKER (ADDRESS): George C. Carson 101 No. Pleasant Indep. Mo

20. FILED 11-18-1935 F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 6 1935

22. I HEREBY CERTIFY, That I attended deceased from July, 1935, to Nov 6, 1935
I last saw him alive on Nov 4, 1935. Death is said to have occurred on the date stated above, at 7:15 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart disease	1931
Mitral Stenosis	
Systolic Murmur	

Other contributory causes of importance:

Name of operation: None Date of: —
What test confirmed diagnosis? Clinical (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) J. C. Hickman, M. D.
(Address) Independence Mo

JUN 6 1945

JUN 6