FEB 29 1936

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

Do not use this space.

1145

File No.

Registered No. 27

1. PLACE OF DEATH
County Jackson Registration District No. 398
Township J-Blue Primary Registration District No. 3019
City Independence (No. ..... St. ..... Ward)

2. FULL NAME Frank Fulkerson Hall

(a) Residence, No. Lees Summit Mo 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M.	W.	Widowed.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 15 1874

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	61	4	2	

OCCUPATION

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

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) Jan 11-1934

11. Total time (years) spent in this occupation 32

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lees Summit Mo

FATHER

13. NAME Richard S. Hall

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co Ky. ~~Miss~~

MOTHER

15. MAIDEN NAME Francis V Younger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Co Mo

17. INFORMANT (ADDRESS) Harry G. Hall Lees Summit

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lees Summit DATE Jan 19 '36

19. UNDERTAKER (ADDRESS) N. B. Lang & Son Lees Summit Mo.

20. FILED 1-21-1936 F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from ..... to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8 24 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coffee's Regurgitation (Cardiac)	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

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) Vincent Hatcher, M. D.
(Address) RD 3- Lees Summit, Mo

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.

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

100M-11-24-33