

APR 21 1936

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

Do not use this space.

11402

1. PLACE OF DEATH

County Lewis  
Township Labelle  
City Labelle

Registration District No. 479  
Primary Registration District No. 4288

File No. ....  
Registered No. ....  
St. .... Ward)

2. FULL NAME

Will Hall

(a) Residence, No. .... St., .... Ward.  
(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. (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 Annie K. Hall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 19 1868

7. AGE YEARS 68 MONTHS 0 DAYS 9 If LESS than 1 day, .... hrs. or .... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Banker & 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) Knox Co. Mo. (STATE OR COUNTRY)

13. NAME S. P. Hall

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

15. MAIDEN NAME Louisa Brandenberg

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

17. INFORMANT Port C. Hall (ADDRESS) Labelle Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Labelle Cemetery DATE March 31 1936

19. UNDERTAKER James J. Coker & Sons (ADDRESS) Labelle Mo.

20. FILED 3/31 1936 J. L. Courser Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1 1915 to Mar 28 1936. I last saw him alive on Mar 28 1936. Death is said

to have occurred on the date stated above, at 5 P. m.

The principal cause of death and other causes of importance were as follows:

Sarcoma of L. lower jaw Date of onset

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Other contributory causes of importance:

Name of operation Tome 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? If so, specify

(Signed) Walter McKeever, M. D. (Address) Lux City 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

