

APR 8 1936

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

Do not use this space.

13208

1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St. Louis** (No. **1014 n Jefferson**)

File No.....  
Registered No. **3292**  
St. .... Ward)

2. FULL NAME

**Lyda Hall**  
(a) Residence, No. **1014 n Jefferson** St., **21** 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 **Female** 4. COLOR OR RACE **Col** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **1880**  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**abt. 56** ✓ ✓

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **laborer**  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **P.W.O.**  
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) **Rockwell Tenn**

13. NAME **Unknown**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT **Alfred Hall**  
(ADDRESS) **1014 n Jefferson**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Funeral Home** DATE **Mar 27 1936**

19. UNDERTAKER **A. F. Walton**  
(ADDRESS) **2707 S. Grand St**

20. FILED **MAR 27 1936** **J. J. Priddy** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Mar 23 1936**

22. I HEREBY CERTIFY, That I attended deceased from **3/22** 19**36** to **3/22** 19**36**  
I last saw h. **alive** on **3/22** 19**36**. Death is said to have occurred on the date stated above, at **9:50 p.m.**  
The principal cause of death and related causes of importance were as follows:

**Chronic Myo-carditis**

Other contributory causes of importance:

**chronic nephritis**

Name of operation..... 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) **J. J. Priddy**, M. D.  
(Address) **923 n Jefferson**

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

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