

MAY 28 1936

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

Do not use this space.

18292

1. PLACE OF DEATH

County Texas
Township Sherrill
City Maples (No.)

Registration District No. 568
Primary Registration District No. 6149

File No.
Registered No. 10
St. Ward)

2. FULL NAME

(a) Residence, No. 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Creskey Hall</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 22 1870</u>				
7. AGE	YEARS <u>66</u>	MONTHS <u>1</u>	DAYS <u>3</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			
	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) <u>Dec 1936</u>		11. Total time (years) spent in this occupation <u>20</u>	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 25 1936

22. I HEREBY CERTIFY, that I attended deceased from May 1932 to Apr 25 1936

I last saw him alive on Apr 10 1936. Death is said to have occurred on the date stated above, at 27 m.

The principal cause of death and related causes of importance were as follows:
Indurated Nephritis
Chronic

Date of onset 1931

Other contributory causes of importance:
Arterial Sclerosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

FATHER

13. NAME Andrew Hall

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

MOTHER

15. MAIDEN NAME Mary Ellen Swigood

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

17. INFORMANT (ADDRESS) Mary Evans

18. BURIAL, CREMATION, OR REMOVAL
PLACE Beaver Camp DATE April 27 36

19. UNDERTAKER (ADDRESS) Smith & Ferguson

20. FILED 457 1936 W. O. Weed Registrar.

Name of operation None Date of operation

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury... 19...
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Leslie Randall, M. D.
(Address) Licking, 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.

