

MAY 28 1936

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

Do not use this space.

18304

1. PLACE OF DEATH

County Vernon
Township Virgil
City _____ (No. _____ St. _____ Ward _____)

Registration District No. 879
Primary Registration District No. 6158

File No. _____
Registered No. _____

2. FULL NAME BESSIE E. HALL

(a) Residence, No. TURPIN, OKLA St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred visiting 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 female 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 J.L. Hall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 13, 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 5 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
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) (STATE OR COUNTRY) Mo.13. NAME James W Stewart14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.15. MAIDEN NAME Louisa Snider16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.17. INFORMANT Carl Englund
(ADDRESS) Eldorado Springs, Mo. R 218. BURIAL, CREMATION, OR REMOVAL
PLACE Montevallio, Mo. DATE 4/10/193619. UNDERTAKER Gwinn-Siders
(ADDRESS) Eldorado Springs Missouri20. FILED 5/9/1936 W. K. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8 193622. I HEREBY CERTIFY, That I attended deceased from 4-8-, 1936, to 4-8-, 1936I last saw her alive on 4-8-, 1936. Death is said to have occurred on the date stated above, at 3 A. m.

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

Chronic myocarditis

Date of onset

Other contributory causes of importance:
None

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no23. 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. W. Dawson, M. D.(Address) Eldorado Springs

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.

