JUN 20 1936

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

Do not use this space.

19189

1. PLACE OF DEATH

County Greene — Registration District No. 318 — File No.

Township N. Campbell — Primary Registration District No. 5439 — Registered No. 485

City Springfield, Mo. Route # 6 St. Ward)

2. FULL NAME Frank Mills Hall

(a) Residence, No. Route #6 Box 286B 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)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 26, 1862

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
73	7	4	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Frisco Railroad

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) Berryville Wisconsin

FATHER

13. NAME Augusta Hall

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

MOTHER

15. MAIDEN NAME Clarisso Mills

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT (ADDRESS) Mrs. Margaret Hall Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Marys, Cem. DATE 6/3/36 19

19. UNDERTAKER (ADDRESS) Herman Lohmeyer Funeral Home Springfield, Mo.

20. FILED 6-1- 1936 Dr Chas A George (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May, 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1936, to May 30, 1936

I last saw him alive on May 30, 1936. Death is said to have occurred on the date stated above, at 5 45 p.m.

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

Coronary Thrombosis — Date of onset May 19

Other contributory causes of importance: Arteriosclerosis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

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 no

(Signed) R. M. Rigney, M. D.

(Address) Holland Bldg Springfield Mo.

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

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.

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