

JUN 25 1936

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

Do not use this space.

20115

1. PLACE OF DEATH

County Ray
Township Richmond
City Richmond (No.)

Registration District No. 744
Primary Registration District No. 3035

File No.
Registered No. 62,
St. Ward)

2. FULL NAME

(a) Residence, No.
(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. mos. ds.

Jerry H. Hall
County Home

Ward.

(If nonresident, give city or town and State)

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lizzy Wilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-11-1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 4 18

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

13. NAME James Hall

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

15. MAIDEN NAME Don't know.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know.

17. INFORMANT (ADDRESS) Miss Julia M. Merfield, Hardin Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hardin Mo DATE May 31, 1936

19. UNDERTAKER (ADDRESS) W. B. Rogers, Hardin Mo.

20. FILED 5-31-36 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1936 to May 29, 1936.
I last saw him alive on May 25, 1936. Death is said to have occurred on the date stated above, at 6 P.M.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset
Arteriosclerosis

Name of operation Date of
What test confirmed diagnosis? Autopsy 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? No
If so, specify
(Signed) E. E. Fay, M. D.
(Address) Richmond 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.

