

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.

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

Do not use this space.

23346

1. PLACE OF DEATH

County JacksonRegistration District No. 431

File No. _____

Township _____

Primary Registration District No. 3023Registered No. 68City Warrensburg (No. _____)

St. _____ Ward _____

2. FULL NAME Mary Alice Hall(a) Residence, No. Rt. 1 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James E. Hall6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-17-18567. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 80 2 278. 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 life12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penna
washington, Pa13. NAME Samuel Alfred14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penna.15. MAIDEN NAME Jane Pennwood16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penna17. INFORMANT L. W. Hall
(ADDRESS) Warrensburg, Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Brethren Cemetery, 6-16-3619. UNDERTAKER Fred Wilkinson
(ADDRESS) Clinton, Mo20. FILED June 16, 1936 Eva Bentley
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-14 193622. I HEREBY CERTIFY, That I attended deceased from JUNE 11 1936 to JUNE 14 1936I last saw her alive on JUNE 13 1936 Death is said to have occurred on the date stated above, at 3:40 P.M.

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

Myocarditis, Acute Date of onset ?Other contributory causes of importance Dysentery, unspecified - June 10Name of operation None Date of _____What test confirmed diagnosis? Clinical 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. P. Brown M. D.(Address) Warrensburg, Mo

