

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.

SEP 24 1936

31317

1. PLACE OF DEATH

County Jasper Registration District No. 409
 Township _____ Primary Registration District No. 3020
 City Cathage (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME Emily Beretta Hall

(a) Residence, No. 9 Fairview St. _____ Ward _____
 (Usual place of abode)

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. (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 Edward E. Hall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1, 1861

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>75</u>	<u>7</u>	<u>19</u>	

8. Trade, profession, or particular kind of work done, as splaner, 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) Jasper County Missouri

13. NAME Alfred Goodman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Tennessee

15. MAIDEN NAME Barnett

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

17. INFORMANT E. E. Hall
(ADDRESS) Cathage, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Cem. DATE Aug 21 1936

19. UNDERTAKER Snell Mortuary
(ADDRESS) Cathage, Missouri

20. FILED Aug 21 1936 E. P. Colleton
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 20 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-17-36, 1936, to 8-20-36, 1936.

I last saw him alive on 8-17-36, 1936. Death is said to have occurred on the date stated above, at 7 9 a.m.

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

Pt. Cerebral Hemorrhage 8-16-36
9261

Other contributory causes of importance:
Cerebral Hemorrhage 1933
Paralysis

Name of operation _____ Date of _____
 What test confirmed diagnosis? Exam Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 1936
 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) Walter M. Huras, M. D.
 (Address) Cathage, Mo

MEMORANDUM FOR THE RECORD

DATE: 10/15/54

TO: SAC, NEW YORK

FROM: SAC, NEW YORK

SUBJECT: [Illegible]

[Illegible text]

[Illegible text]