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

SEP 24 1936

Do not use this space.

31337

1. PLACE OF DEATH

County Jasper — Registration District No. 411 — File No.

Township ~~Galena~~ — Primary Registration District No. 2002 — Registered No.

City Joplin (No. 822 Virginia St. Ward)

2. FULL NAME Benjamin Franklin Hall

(a) Residence, No. Crestline, Kansas St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred x yrs. 3 mos. x ds. 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): Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 5, 1858

7. AGE: YEARS 77 — MONTHS 9 — DAYS 27 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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) Coal Run Ohio

FATHER

13. NAME Shadrick Hall
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ohio

MOTHER

15. MAIDEN NAME Jane Borrows
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ohio

17. INFORMANT (ADDRESS) R. T. McCrum, 822 Virginia, Joplin

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Fairview Cem, Joplin DATE Aug 3, 1936

19. UNDERTAKER (ADDRESS) Lanpher Mortuary 1502 Joplin St, Joplin, Mo.

20. FILED 8-3 1936 Ed T James Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 1, 1936

22. I HEREBY CERTIFY ~~That I~~ attended, deceased from July 29, 1936 to ~~July~~ July 31, 1936

I last saw him alive on July 31, 1936 Death is said to have occurred on the date stated above, at 3:20 P.m.

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

	Date of onset
Diabetes Mellitus	
59	

Other contributory causes of importance: Uranium

Name of operation ..... Date of .....

What test confirmed diagnosis? NO Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? NO 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 NO

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) W H Brookshire, M. D.

(Address) Joplin Mo