

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.

OCT 23 1936

35166

1. PLACE OF DEATH

County Remond
Township Urgent
City Reasbino (No.)

Registration District No. 655
Primary Registration District No. 4872

File No.
Registered No.
St. Ward)

2. FULL NAME

William Elmer Hall

(a) Residence, No. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) inf

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-15-1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 1 2 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Leasbills, Mo.

FATHER 13. NAME J. T. Hall

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leasbills, Mo.

MOTHER 15. MAIDEN NAME Levilla Wightman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Corn, Mo.

17. INFORMANT (ADDRESS) J. T. Hall, Leasbills, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Leasbills, Mo. 9-19-36

19. UNDERTAKER (ADDRESS) J. B. McDonald, Leasbills, Mo.

20. FILED 10/10 19 36 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 24 Sept 1936

22. I HEREBY CERTIFY, That I attended deceased from 15 to 20 Sept, 1936

I last saw him alive on about 20, 1936 Death is said

to have occurred on the date stated above, at.....m.

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

Calculus

Date of onset

Other contributory causes of importance:

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

What test confirmed diagnosis?..... Was there an autopsy?.....

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.....

(Signed) J. B. McDonald, M. D.

(Address) Leasbills, Mo.

