

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.

DEC 18 1936

36598

1. PLACE OF BIRTH

County Barry Registration District No. 29
 Township Merueral Primary Registration District No. 5039
 City Cambridgeport No. _____ St. _____ Ward _____

File No. _____
 Registered No. 69

2. FULL NAME

David @ 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 Male 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 Marion Hall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8th 1872

7. AGE YEARS 64 MONTHS 4 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

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) Seneca Co (STATE OR COUNTRY) Ohio

13. NAME Emanuel Hall

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

15. MAIDEN NAME Hattie Johnson

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

17. INFORMANT Sam Hall (ADDRESS) Cambridgeport Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Ridge DATE 10-19-1936

19. UNDERTAKER Florida - Gyles (ADDRESS) Cambridgeport Mo.

20. FILED 12-10 1936 Geo W Newman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 17th 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-6 1935, to 9-26 1936

I last saw him alive on 5-16 1936. Death is said to have occurred on the date stated above, at 11 P.M.

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

Coronary Thrombosis Date of onset 10-17-36
Arteriosclerosis unk.

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical 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? no
 If so, specify _____

(Signed) Geo W Newman, M. D.
 (Address) Cambridgeport, Mo.

