

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.

NOV 28 1936

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

Do not use this space.

38063

1. PLACE OF DEATH

County Jasper Registration District No. 5 411  
Township Galena Primary Registration District No. 2002 File No. \_\_\_\_\_  
City Joplin (No. Freeman Hospital) Registered No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Mary Ruth Hall  
(a) Residence, No. Geneville, Mo. St. \_\_\_\_\_ Ward. Pineville, Mo.  
(Usual place of abode) (If nonresident, give city of 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-27-1912</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
<u>2</u>	<u>24</u>	<u>6</u>	<u>21</u>	
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) <u>Springfield, Mo</u>				
MOTHER FATHER	13. NAME <u>William C. Hall</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mobile, Alabama</u>			
	15. MAIDEN NAME <u>Frances C. Wardlaw</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>			
17. INFORMANT <u>Mr. W. E. Hall</u> (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pineville, Mo</u> DATE <u>10-20</u> 19 <u>36</u>				
19. UNDERTAKER <u>Cornell Undertakers</u> (ADDRESS) <u>Pineville, Mo.</u>				
20. FILED <u>10-20</u> 19 <u>36</u> <u>Ed D. Janssen</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-18 - 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15 1936, to 10-18 - 1936  
I last saw her alive on 10-18 - 1936. Death is said to have occurred on the date stated above, at USA.  
The principal cause of death and related causes of importance were as follows:  
Acute ~~Myocarditis~~  
Cardiac Dilatation  
From Pain and Shock.  
Date of onset 10-17-36

Other contributory causes of importance:  
Renal Calculi

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external cause (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) J. J. [Signature], M. D.  
(Address) [Signature]

