MAY 20 1937

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

Do not use this space.

16474

File No.

Registered No. 9

1. PLACE OF DEATH

County Henry — Registration District No. 349

Township Lebo — Primary Registration District No. 5-487

City Fulton (No. R 3, St., Ward)

2. FULL NAME William R. Hall

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

Length of residence in city or town where death occurred 5 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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Male | white | married |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-23-1873

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..hrs. or ..min. |
|---|---|---|---|---|
| | 63 64 | 8 | 9 | |

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 life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hickory Co. Mo.

FATHER

13. NAME G G Hall

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

MOTHER

15. MAIDEN NAME Elizabeth Trotter

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

17. INFORMANT (ADDRESS) Zona Hall Fulton, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Almon DATE 5-4 19 37

19. UNDERTAKER (ADDRESS) Wilkinson Funeral Home Clinton, Mo

20. FILED 5-4 19 37 Mrs. A. A. Gray Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-2 1937

22. I HEREBY CERTIFY, That I attended deceased from April 2 1937 to May 3 1937

I last saw h[illegible] alive on April 2 1937. Death is said to have occurred on the date stated above, at 2:45 P.m.

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

| | Date of onset |
|---|---|
| Cancer of Stomach | |
| | |
| | |
| | |
| | |
| Other contributory causes of importance: None | |
| | |
| | |
| | |

Name of operation None 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) [signature] , M. D.

(Address) Fulton Mo.

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.

See affidavit - misc file # R. 4