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

Do not use this space.

JUN 12 1937

File No. 18994

Registered No. 55

1. PLACE OF DEATH

County: Jackson — Registration District No. 399

Township: Kaw — Primary Registration District No. 1002

City: Kansas City (No. Park Lane Hotel 2 St. Ward)

2. FULL NAME: Mrs. Josephine Reynolds Hall

(a) Residence, No. Park Lane Hotel 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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John C. Hall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 3, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	2	9	

OCCUPATION

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

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): New Carlisle Indiana

FATHER

13. NAME: Fleming Reynolds

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

MOTHER

15. MAIDEN NAME: Elizabeth Barnes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York

17. INFORMANT (ADDRESS): Mrs. Ben R. Hall Woodlea Hotel

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt. Wash. DATE: May 14, 1937

19. UNDERTAKER (ADDRESS): D. W. Newcomer's Sons

20. FILED: May 13 1937 M. M. Crosser Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5/12/1937

22. I HEREBY CERTIFY, That I attended deceased from 12/15/1936, to 5/12/1937

I last saw her alive on 5/11/1937. Death is said to have occurred on the date stated above, at 5:45 p.m.

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

Chronic Glomerulo-nephritis with uraemia (131)

Date of onset

Other contributory causes of importance:

Name of operation: None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

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) James Q. Chambers, M. D.

(Address) 1103 Grand Ave.

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

X9314