

JUL 26 1937

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

Do not use this space.

1. PLACE OF DEATH
 County Cudran Registration District No. 26
 Township Mexico Mo Primary Registration District No. 3002
 City Gudran County Hospital (No. Gudran County Hospital) Registered No. 76 (Ward)

2. FULL NAME Sarah Bernice Hall
 (a) Residence, No. Wellsville Mo St. Wellsville Mo Ward. Wellsville Mo
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. 4 mos. 4 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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. B. Hall
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 2, 1869
 7. AGE YEARS 77 MONTHS 3 DAYS 10 If LESS than 1 day, hrs. or min.

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. same
 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) Yadkin Co N. Carolina

MOTHER FATHER
 13. NAME Doc Logan
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina
 15. MAIDEN NAME Elizabeth Phillips
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina

17. INFORMANT (ADDRESS) Sarah Hall Wellsville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wellsville Mo DATE 6-15-37

19. UNDERTAKER (ADDRESS) W. B. Hall Wellsville Mo.

20. FILED 6-15-1937 Blanche Neely Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-12-1937
 22. I HEREBY CERTIFY, That I attended deceased from May 29, 1937, to June 12, 1937
 I last saw her alive on June 12, 1937 Death is said to have occurred on the date stated above, at 11:20 P
 The principal cause of death and related causes of importance were as follows:

Pyelitis and acute nephritis. Date of onset
 Other contributory causes of importance: 133

Name of operation None Date of None
 What test confirmed diagnosis? Albumin Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? None Date of injury None, 1937
 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 1
 Nature of injury 1

24. Was disease or injury in any way related to occupation of deceased? NO
 If so, specify None
 (Signed) J. Frank Kelley, M. D.
 (Address) Mexico, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

