

AUG 11 1937

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

Do not use this space.

26220

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City, Mo.

Registration District No. 399Primary Registration District No. 100(No. 312 Archibald)

File No.

Registered No. 2933

St.

Ward)

2. FULL NAME Harriett Ann Hall(a) Residence, No. 312 Archibald

(Usual place of abode)

St.

Ward.

(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

William Henry Hall6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 23, 1860

7. AGE

YEARS 77MONTHS 4DAYS 14

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.

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)

Illinois

13. NAME

Unk. Crisp

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

Don't know

15. MAIDEN NAME

Don't know

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

Don't know

17. INFORMANT

Roderick Hall

(ADDRESS)

Downs, Kansas.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Forest Hill

DATE

July 9th

1937

19. UNDERTAKER

(ADDRESS)

R. V. Lindsey & Sons, Inc.
3811 Broadway

20. FILED

July 8, 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

July 71937

22. I HEREBY CERTIFY, That I attended deceased from

May 25th, 1937, to July 9th, 1937I last saw her alive on July 7th, 1937 Death is saidto have occurred on the date stated above, at 1:30 PM

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

Chronic Myocarditis
old age

Date of onset

1917.

Other contributory causes of importance:

Nephritis ChronicName of operation Date of What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 1937Where 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) Dr. J. E. Everett

M. D.

(Address) 504 Shubert Bldg.

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.

Dr. Everett
on Dr. Hill's office
at 394 main
from 3:30 to 5:30