

AUG 23 1937

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

Do not use this space.

27240

1. PLACE OF DEATH

39 County Brunswick
3 Township Springfield
5 City Springfield (No. 575 1/2)

27 Registration District No. 318
Primary Registration District No. 2001
W. Pine

File No. _____
Registered No. 595
St. _____ Ward _____

2. FULL NAME

Lizzie May Hall
(a) Residence, No. 11575 1/2 W. Pine St., 16 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 3, 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 6 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Housewife
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) Ashton City
St. Albans County, Vt.

FATHER 13. NAME Chas. Andrews

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

MOTHER 15. MAIDEN NAME Mary E. Grant

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

17. INFORMANT Herbert Justice
(ADDRESS) 611 W. Pine City

18. BURIAL, CREMATION, OR REMOVAL PLACE Harrison Mo. DATE July 22, 1937

19. UNDERTAKER Floyd W. Fox
(ADDRESS) 1629 Poplar Street

20. FILED July 22, 1937 Chas. A. George
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20, 1937

22. I HEREBY CERTIFY That I attended deceased from July 10, 1937, to July 20, 1937

I last saw him alive on July 20, 1937 Death is said to have occurred on the date stated above, at 12:50 p.m.

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

Synsial Adenitis following Date of onset July 5-6
Extraction of teeth

Other contributory causes of importance: Bacterial Endocarditis July 18.

Name of operation _____ 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) C. E. Teller, M. D.

(Address) Springfield Mo.

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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