

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

Do not use this space.

**1. PLACE OF DEATH**

County CALLAWAY Registration District No. 105  
Township St. Aubert Primary Registration District No. 5154  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 30296  
Registered No. 23

**2. FULL NAME**

Robert Jackson Hall  
(a) Residence, No. \_\_\_\_\_ 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 <u>MALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Clco Patrey Hall</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>JAN. 1<sup>st</sup> 1857</u>		
7. AGE	YEARS <u>80</u>	MONTHS <u>7</u>
	DAYS <u>21</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. <u>FARMER</u>	
	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) <u>CALLAWAY COUNTY MISSOURI</u>		
MOTHER FATHER	13. NAME <u>IRVY HALL</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>UNKNOWN</u>	
	15. MAIDEN NAME <u>UNKNOWN</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>"</u>	
17. INFORMANT (ADDRESS) <u>D. W. HALL MOKANE, MO</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>STEEDMAN</u> DATE <u>AUG 23, 1937</u>		
19. UNDERTAKER (ADDRESS) <u>Glen W. Maupin Mokane, Mo.</u>		
20. FILED <u>8-23</u> 1937 <u>W. H. Williamson</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 22 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1937, to Aug. 22, 1937  
I last saw him alive on Aug 22, 1937. Death is said to have occurred on the date stated above, at 4:00 a. m.  
The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage  
Arterio sclerosis  
Chronic nephritis

Other contributory causes of importance:  
none

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Phys. Exam Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury no, 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 \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) W. H. Williamson, M. D.  
(Address) Mokane, 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.

