

OCT 25 1937

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

Do not use this space.

35017

1. PLACE OF DEATH

County Like
Township Buffalo
City Louisiana (No. 13th & Jenn)

Registration District No. 689
Primary Registration District No. 3032

File No.
Registered No.
St. Ward

2. FULL NAME

Mrs Addie Roberts Hall
(a) Residence, No. 13 & Jenn St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-25-65
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 34 71 10 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) Knox Co Tenn
13. NAME Samⁿ Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York Tenn
15. MAIDEN NAME Nancy Ann Russell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Muncie Ind

17. INFORMANT Myrtle Chappell (Daughter)
(ADDRESS) Louisiana Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE River View DATE 9-4-37

19. UNDERTAKER J. C. Haun Jr
(ADDRESS) Louisiana Mo

20. FILED 9-3-37 J. C. Haun Jr Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sep 2 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-4, 1937, to 9-2, 1937. I last saw her alive on 8-4, 1937. Death is said to have occurred on the date stated above, at 6:00 a.m.

The principal cause of death and related causes of importance were as follows:
Coronary
Heart (arteriosclerosis)

Other contributory causes of importance:
None

Name of operation None Date of 48
What test confirmed diagnosis? Rx Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury
Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) J. C. Haun Jr, M. D.
(Address) Louisiana Mo

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.

OCCUPATION
FATHER
MOTHER

