NOV 15 1937

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

Do not use this space.

1. PLACE OF DEATH
County BARRY
Township EXETER
City EXETER (No. ..... , ... St. ..... Ward)

Registration District No. 34
Primary Registration District No. 6239

File No. 37025
Registered No. 18 (19)

2. FULL NAME GEORGE AMZI HALL

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 27 yrs. 49 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
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: Ellen Hall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April -7-1858

7. AGE: YEARS 79 | MONTHS 6 | DAYS 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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): Pearidge Ark

FATHER
13. NAME: John Hall
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Memphis Tenn.

MOTHER
15. MAIDEN NAME: Lavena Sinch
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): D. K.

17. INFORMANT (ADDRESS): Mrs Ellen Hall Exeter, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maplewood DATE 10/17 37

19. UNDERTAKER (ADDRESS): Barr and Blankenship Exeter, Mo.

20. FILED 10-17- 1937 Mrs. H. P. Searcy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 16th, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1937, to Oct 16th, 1937
I last saw him alive on Oct 15th, 1935. Death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Oct 16 37

Other contributory causes of importance: 82a1

Arteriosclerosis	unk.

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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 —, 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? no
If so, specify
(Signed) [illegible], M. D.
(Address) Caruthersville, 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.