

NOV 17 1937

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

Do not use this space.

37700

File No. 1024

Registered No. 1024

1. PLACE OF DEATH

County *Greene*

Registration District No. *318*

Township

Primary Registration District No. *2001*

City *Springfield*

(No. *Springfield Baptist Hospital*)

St. _____ Ward _____

2. FULL NAME

Raymond D. Ware Hall

(a) Residence, No. *Springfield Route #2* St. _____ Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *0* yrs. *0* mos. *0* ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

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

October 25, 1937

7. AGE

YEARS

0

MONTHS

0

DAYS

0

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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)

Springfield, Mo.

13. NAME

Raymond Hall

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

Springfield, Mo.

15. MAIDEN NAME

Mamie Underwood

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

Pilgrimage, Mo.

17. INFORMANT (ADDRESS)

*Raymond Hall
Springfield, Route #2*

18. BURIAL, CREMATION, OR REMOVAL

PLACES *Smoking Creek* DATE *October 26, 1937*

19. UNDERTAKER (ADDRESS)

*H. C. Thompson
Springfield, Mo.*

20. FILED

Oct 26 1937 *Chas. George No* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct. 25, 1937*

22. I HEREBY CERTIFY, That I attended deceased from *10715 Stahl Bone*, 19____

I last saw him _____ alive on _____, 19____ Death is said

to have occurred on the date stated above, at *11 A.* m.

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

*Fractured rib
Pilois
Stillborn*

Date of onset

Other contributory causes of importance:

Contracted Pilois

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. S. Zeller* M. D.

(Address) *Springfield, 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.

