

NOV 18 1937

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

37964
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 419
(b) Township McDonald Primary Registration District No. 52-23
(c) City Avilla (d) Street No. _____ St. _____
(e) Length of residence in city or town where death occurred 71 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Andrew Hall

(a) Residence, No. Avilla St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15, 1860

7. AGE YEARS 77 MONTHS 6 DAYS 12 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Telephone Operator
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 39

12. BIRTHPLACE (CITY OR TOWN) Waverly (STATE OR COUNTRY) Iowa

FATHER 13. NAME Justus Hall

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

MOTHER 15. MAIDEN NAME Electa J. Caswell

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

17. INFORMANT Mrs. Josephine Hall (ADDRESS) Avilla, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Avilla Cemetery DATE Oct. 29, 1937

19. FUNERAL DIRECTOR Ulmer Funeral Home (ADDRESS) Carthage, Missouri

20. FILED Oct 28, 1937 Mrs. W. A. Hall Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1937 to Oct 27, 1937
I last saw him alive on Oct 26, 1937 Death is said to have occurred on the date stated above, at 7:00am

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

Chronic Myocarditis
ABC

Date of onset of long standing

Other contributory causes of importance:

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? _____
If so, specify _____
(Signed) J. A. Cordonnier, M. D.
(Address) Carthage, 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.

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STATEMENT BY LICENSED EMBALMER

I, Ed C. Ulmer, Licensed Embalmer No. 2222

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Ed C. Ulmer

L. E.

No. 2222 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed



Licensed Embalmer No. 2222

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)