

NOV 24 1937

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

Do not use this space.

1. PLACE OF DEATH

County Scotland
Township Thompson
City Granger (No., St., Ward)

Registration District No. 112
Primary Registration District No. 609A

File No. 38923
Registered No. 13

2. FULL NAME

Alexander Campbell 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Amanda Myers Hall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 24 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 6 22

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
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) Oct. 15 1937
11. Total time (years) spent in this occupation. 50 yrs

12. BIRTHPLACE (CITY OR TOWN) Greensburg
(STATE OR COUNTRY) Kent Co. Md.

FATHER
13. NAME Wm. B. Hall
14. BIRTHPLACE (CITY OR TOWN) Ky.
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Angeline Hall
16. BIRTHPLACE (CITY OR TOWN) Ky.
(STATE OR COUNTRY)

17. INFORMANT Charley Hall
(ADDRESS) Lutray m

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greensburg DATE Oct 18 1937

19. UNDERTAKER York & Washburn
(ADDRESS) Memphis Mo

20. FILED 10/19 1937 OTTBaker MD
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 15th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Called as coroner Oct 16 - 1937

I last saw him alive on dead Oct 15, 1937. Death is said to have occurred on the date stated above, at 8:30 p.m. Oct 15. The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy Date of onset

Other contributory causes of importance:

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury None, 1937

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 None

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

(Signed) E. E. Symmonds
(Address) Memphis, Mo.

