DEC 17 1937

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

Do not use this space.

File No. 41335
Registered No. 1096

1. PLACE OF DEATH

County: Greene
Township: S Campbell
City: ~~Springfield~~ (No. 1 U. S. Federal Hospital St.: Ward)

Registration District No. 318
Primary Registration District No. 5440

2. FULL NAME HALL, Fred S.

(a) Residence, No. St., Ward. East LeRoy, Mich.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 6 mos. 11 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds.

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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Madge (Bushwell) Hall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-21-78

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	0	28	

OCCUPATION

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

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) DK

11. Total time (years) spent in this occupation DK

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calhoun Michigan

FATHER

13. NAME Homer Hall

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

MOTHER

15. MAIDEN NAME Ella Stanton

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

17. INFORMANT (ADDRESS) Deceased

18. BURIAL, CREMATION, OR REMOVAL PLACE Battle Creek Mich DATE Nov 22, 19 37

19. UNDERTAKER (ADDRESS) Alma Lohmeyer Funeral Home Springfield, Missouri

20. FILED Nov 20, 19 37 Chas A George M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-19-37, 19

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1937, 19, to Nov. 19, 1937, 19

I last saw him alive on Nov. 19, 1937, 19. Death is said to have occurred on the date stated above, at 7:42 AM

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

	Date of onset
Hypertensive Heart Disease	DK
Coronary Sclerosis	DK

Other contributory causes of importance:

Hypertension, arterial	DK
Carcinoma of Lungs, metastasis from carcinoma of breast, surgical removal about 4 years ago.	

Name of operation Date of

What test confirmed diagnosis? Clinical Laboratory Was there an autopsy? Yes

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] A. A. Surgeon, M. D.

(Address) Clinical Director, USHDD, Springfield, Mo.