

DEC 17 1937

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

Do not use this space.

1. PLACE OF DEATH

County Greene Registration District No. 322
Township Franklin Primary Registration District No. 5446
City Springfield (No. R#10) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Lula Belle Hall
(Usual place of abode) R#10 Springfield Mo.
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. (If nonresident, give city or town and State)

41341

File No. _____

Registered No. 20

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 13 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marion Franklin Hall

22. I HEREBY CERTIFY, That I attended deceased from Oct 16 1937, to _____, 19____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 29 1875

I last saw her alive on Oct 16 1937. Death is said to have occurred on the date stated above, at 7:00 P.M.

7. AGE YEARS 62 MONTHS 6 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.

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

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

Date of onset _____

Chr. Hypertensive Cordis vascular-renal disease

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

13. NAME Hewton M. Murray

Name of operation _____ Date of _____

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

What test confirmed diagnosis? Clinical Was there an autopsy? No

15. MAIDEN NAME Margaret E. Dulin

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

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

Where did injury occur? _____ (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) Frank Hall

Specify whether injury occurred in industry, in home, or in public place. _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Dellview DATE Nov. 14 37

Manner of injury _____

19. UNDERTAKER (ADDRESS) J.W. Hingray & Co

Nature of injury _____

20. FILED Nov 14 1937 Allan Barnes Registrar.

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

If so, specify _____ (Signed) A. Knabb, M. D. (Address) 450 W. 6th 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.

