

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

Do not use this space.

**JAN 18 1938**

**1. PLACE OF DEATH**

County Greene Registration District No. 316  
 Township Springfield Primary Registration District No. 2001  
 City Springfield (No. 709 E. Monroe St.) St. Mo. Ward 1

45412

File No. 1198  
 Registered No. 1198

**2. FULL NAME** Samuel A. Hall

(a) Residence, No. 709 E. Monroe St. St. Mo. Ward. 1  
 (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) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ella V. Hall (deceased)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 29 1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
 73 9 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. druggist  
 10. Date deceased last worked at this occupation (month and year) 26  
 11. Total time (years) spent in this occupation

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

MOTHER 13. NAME William A Hall

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

15. MAIDEN NAME Florence D Ringo

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

17. INFORMANT Florence Hall McLaughlin (ADDRESS) Dallas Texas

18. BURIAL, CREMATION, OR REMOVAL PLACE Hazelwood Cem DATE Dec. 29 1937

19. UNDERTAKER Herman H. Lohmeyer (ADDRESS) Springfield, Mo.

20. FILED Dec 28 1937 Christ George Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 24 1937

22. I HEREBY CERTIFY That I attended deceased from 7/7/37 19to 12/24/37 19to 19to

I last saw him alive on 12/24/37 19to 19to Death is said to have occurred on the date stated above, at 3 P.m.

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

Carcinoma of stomach Date of onset ?  
primary  
 Other contributory causes of importance: Senility 46

Name of operation none Date of             
 What test confirmed diagnosis X-ray 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) G. B. Jemmon 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.

