

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

Do not use this space.

1557

File No. _____
Registered No. **245**
St. _____ Ward _____

1. PLACE OF DEATH
County **Jackson** Registration District No. **399**
Township **Kaw** Primary Registration District No. **1002**
City **Kansas City, Mo.** (No. **431 So., Wheeling**)

2. FULL NAME **Mary Ann Francis Hall 400**
(a) Residence, No. **431 So Wheeling** 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 **Female**
4. COLOR OR RACE **White**
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **William Hall**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **8/29/1874**
7. AGE YEARS **63** MONTHS **4** DAYS **19** If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housewife**
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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ill.**

FATHER
13. NAME **Harrison Cololasure**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **No record**

MOTHER
15. MAIDEN NAME **Martha West**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **No record**

17. INFORMANT **Claude Hall**
(ADDRESS) **431 So Wheeling**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Center Hill, Mo.** DATE **1/19/38**

19. UNDERTAKER **Sheil Funeral Home**
(ADDRESS) **6606 Indep. Ave. K. C. Mo**

20. FILED **Jan 17, 1938** M. M. **Grove** Mo Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan 16, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 9, 1938**, to **Jan 16, 1938**
I last saw her alive on **January 16, 1938**. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
Acute dilatation of heart. Date of onset _____
g/c

Other contributory causes of importance:
Cardiac asthma several years
Chronic myocarditis. _____ years

Name of operation **none** 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? **no**
If so, specify _____
(Signed) **M. Ammerman** M. D.
(Address) **6520 Indep. Ave.**

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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FEB 18 1938

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