REC'D APR 14 1938

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

Do not use this space.

9967

File No. 3

Registered No.

1. PLACE OF DEATH

County Adair

Township Morrow

City (No. , St. Ward)

Registration District No. 1039

Primary Registration District No. 5010

2. FULL NAME Mary Hall 400

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

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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 16, 1858

7. AGE: YEARS 80 | MONTHS 1 | DAYS 2 | 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) Sullivan co. Missouri 0

FATHER

13. NAME Nicklos O Bell 7

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France 6

MOTHER

15. MAIDEN NAME Philabnia Shulmar

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

17. INFORMANT (ADDRESS) Mrs. Ivan Hammond Green Castle, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Green Castle DATE 3-26 1938

19. UNDERTAKER (ADDRESS) Glenn E. Kent Green City Mo

20. FILED Mar. 26 1938 Mrs. Jake Morelock, Registrar. 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1938, to March 18, 1938

I last saw her alive on March 17, 1938 Death is said to have occurred on the date stated above, at 5 a m.

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

	Date of onset
Chronic Heart Disease	5 years ago
Other contributory causes of importance:	
Strangulated Hernia Umbilical	3 days

122 A

Name of operation None Date of

What test confirmed diagnosis? ✓ Was there an autopsy?

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?

If so, specify

(Signed) H. P. Garrison, M. D.

(Address) Nanninger Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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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