

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.

REC'D APR 20 1938

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

Do not use this space.

1. PLACE OF DEATH

County Lawrence
Township McVernon
City Mo. State Sanatorium

Registration District No. 470
Primary Registration District No. 5-6-93

File No. 11289
Registered No. 27

2. FULL NAME

(a) Residence, No. 400 St. Ava Mo. Ward. Ava Mo.
(Usual place of abode)
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 4 ds. How long in U. S., if of foreign birth? yrs. ? mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>		
		5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>unknown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 26-1891</u>				
7. AGE	YEARS <u>46</u>	MONTHS <u>10</u>	DAYS <u>12</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>farm</u>			
	10. Date deceased last worked at this occupation (month and year) <u>April 1937</u>			
11. Total time (years) spent in this occupation <u>life</u>				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ava Mo.</u>				
FATHER	13. NAME <u>James J. Hall</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ava Mo.</u>			
MOTHER	15. MAIDEN NAME <u>Mary Ann York</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas City Mo.</u>			
17. INFORMANT (ADDRESS) <u>Miss McMichael - Records of McVernon</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ava Mo.</u> DATE <u>March 9, 1938</u>				
19. UNDERTAKER (ADDRESS) <u>W. P. Chickering Beard Ava Mo.</u>				
20. FILED <u>March 9, 1938 P. A. Holmes Registrar.</u>				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-8-1938

22. I HEREBY CERTIFY, That I attended deceased from 3-4-1938, to 3-8-1938

I last saw him alive on 3-8-1938 Death is said to have occurred on the date stated above, at 5:30 P.M.

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

Date of onset 1936

Other contributory causes of importance: 72 h'

Name of operation none Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external cause (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) J. L. Stocker M. D.
McVernon Mo. (Address) 421

Mr. Holmes