

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

Do not use this space.

RECORDED MAY 24 1938

1. PLACE OF DEATH *Pike*
 82 County Registration District No. *684*
 Township *Boonville* Primary Registration District No. *4408*
 City *Boonville* (No. St. Ward)
 2. FULL NAME *Wm Taylor Hall*
 (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.

File No. **15554**
 Registered No. *7*

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *married*
 5A. IF MARRIED, WHO WED, OR DIVORCED HUSBAND OF (OR WIFE OF) *Kate A. Johnson Hall*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov. 15 - 1848*
 7. AGE YEARS *89* MONTHS *4* DAYS *29* If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. *Retired Farmer*
 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) *Lincoln Co*
 FATHER 13. NAME *Hiram Hall*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ky*
 MOTHER 15. MAIDEN NAME *Fannie Stephens*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ky*
 17. INFORMANT *Ruby Hall Mcristy*
 (ADDRESS) *Boonville*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Boonville* DATE *April 10 - 1938*
 19. UNDERTAKER *W. B. Elmore*
 (ADDRESS) *Boonville*
 20. FILED *5-10-38* 1938 *Wm Taylor Hall* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4/14*, 19 *38*
 22. I HEREBY CERTIFY, That I attended deceased from *10:37* to *4:14*, 19 *38*
 I last saw him alive on *4/13*, 19 *38* Death is said to have occurred on the date stated above, at *1306* m.
 The principal cause of death and related causes of importance were as follows:
Arterio Sclerosis
 Date of onset
 Other contributory causes of importance: *97-*
 Name of operation 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 *J. B. Mcristy* M. D.
 (Signed) *Wm Taylor Hall*
 (Address) *Boonville*

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.

