

REC'D JUN 24 1938

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

19820

Do not use this space.

1. PLACE OF DEATH

(a) County Weldon Registration District No. 875
(b) Township Washington Primary Registration District No. 6162
(c) City Nevada (d) Street No. State Hospital #3 Nevada Registered No. 127
(e) Length of residence in city or town where death occurred 20 yrs. 1 mos. 16 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds. 400

2. PRINT FULL NAME

Sophia A. Hall
(a) Residence, No. Pepton, Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min. about 85 years

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as 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) Hickory Co. Missouri

FATHER 13. NAME Benjamin Hall
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER 15. MAIDEN NAME Parrish
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Carolina

17. INFORMANT Records of Hospital #3 Nevada, Mo. (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Hospital Cemetery DATE May 19, 1938

19. FUNERAL DIRECTOR Ways General Service Nevada, Mo. (ADDRESS)

20. FILED 5-19-1938 Acem O'Ways Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1937, to May 19, 1938. I last saw her alive on May 18, 1938. Death is said to have occurred on the date stated above, at 1:00 m.

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

Chronic Myocarditis Date of onset 1937+

Other contributory causes of importance: 93C
Senility 1937+

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? no Date of injury....., 19.....
Where did injury occur? none
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....

(Signed) A. Miller, M. D.
(Address) State Hospital #3 Nevada, Mo.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)