DEC'D FEB 27 1939

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

3731
Do not use this space.

1. PLACE OF DEATH

(a) County St. Francois ? Registration District No. 773

(b) Township St. Francois Primary Registration District No. 6018A Registered No. 6

(c) ~~City~~ Farmington, Mo. (d) Street No. State Hospital No 4 St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Leona Hall

(a) Residence, No. Gideon, Mo. St.

(Usual place of abode, if no street address, write county or city) (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: Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-27-1922

7. AGE: Years 16 | Months 0 | Days 21 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. School student

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) Gideon, Missouri

FATHER

13. NAME Otto Hall

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER

15. MAIDEN NAME Mary Iva Spears

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

17. INFORMANT (ADDRESS) Records of State Hospital No. 4 Farmington, Missouri.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Stanfiold Cemetery, Gideon, Missouri. DATE Jan. 19 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Neidert's Funeral Home Farmington, Mo. (Gideon Anderson, Funeral dir., Gideon, Mo.)

20. FILED Jan 19, 1939 T. J. Robinson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from December 28, 1938, to January 17, 1939

I last saw her alive on January 17, 1939. Death is said to have occurred on the date stated above, at 3:35 pm

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

	Date of onset
Encephalitis, type of organism undetermined.	12-19-38

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinic & Laboratory Was there an autopsy? Refused

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) C. C. Ault, M. D.

(Address) Farmington, Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, me C T Lloyd, or by .....

Registered Apprentice No. ....., working under my personal supervision.

Newdert mud co.

Signed by C T Lloyd

Licensed Embalmer No. 3527

P. O. Address .....

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.)

If this body is not embalmed, above space should be left blank.