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 17 1939

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

Do not use this space.

9563

File No. 1169

Registered No.

1. PLACE OF DEATH
County Jackson 2
Township Kaw 1
City Kansas City, Mo (No. 813 So Wheeling St. Ward)

Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME 401 Mrs. Amanda Bell Hall

(a) Residence, No. 813 Wheeling St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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: John Hall (deceased)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 6/29/1867

7. AGE: YEARS 71 | MONTHS 8 | DAYS 17 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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): Maryville Mo

FATHER
13. NAME: Silas Mozingo
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No record

MOTHER
15. MAIDEN NAME: Mary Jane Griffith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No record

17. INFORMANT (ADDRESS): Ida Jane Barton, 6403 E 15th St. Terr.

18. BU~~RIAL, CREMATION, OR~~ REMOVAL
PLACE Maryville, Mo DATE 3/16/39, 19

19. UNDERTAKER (ADDRESS): Sheil Funeral Home, 6606 Indep. Ave. K. C. Mo.

20. FILED Mch 16, 1939 M. M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-16-39, 19

22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19
I last saw him alive on 19 Death is said to have occurred on the date stated above, at 8:15 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary sclerosis	
Acute coronary occlusion (st)	
Acute & chr. myocardial infarction	
Other contributory causes of importance:	
Acute pulmonary edema	943

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes

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) [signature], M. D.
(Address) Gen Hosp. K. C. Mo