

DEC'D MAY 10 1939

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

Do not use this space.

1. PLACE OF DEATH

County Worth Registration District No. 905
Township Allen Primary Registration District No. 6216
City Denver Mo. (No. _____ St. _____ Ward _____)

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(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.

16431

File No. _____

Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Belle Hall
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1907-5-15
7. AGE 81 YEARS MONTHS 9 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saloonman
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) Sterling Illinois (STATE OR COUNTRY) 1

13. NAME Geo. B. Hall 4

14. BIRTHPLACE (CITY OR TOWN) England (STATE OR COUNTRY) 9

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) Not known (STATE OR COUNTRY) 1

17. INFORMANT J. P. Brown (ADDRESS) Denver Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Prarie Chapel DATE Mar 11 1939

19. UNDERTAKER Brown Bros (ADDRESS) Denver Mo.

20. FILED May 2 1939 A. L. Perry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 8 1939

22. I HEREBY CERTIFY, That I attended deceased from May 1936 to Death 1939
I last saw him alive on March 8 1939. Death is said to have occurred on the date stated above, at 9:30 pm.
The principal cause of death and related causes of importance were as follows:

Uremia

Date of onset Feb?

Chronic glomerular Nephritis

Other contributory causes of importance:

Myo Carditis

12/1

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? No

If so, specify None

(Signed) J. H. Bailey D.O. M. D.

825 (Address) Denver, Mo.

