

JUL 6 1939

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

22882
Do not use this space.

1. PLACE OF DEATH
 (a) County Linn Registration District No. 114
 (b) Township Bush Primary Registration District No. 5867
 (c) City Portageville, Mo (d) Street No. _____
 (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 30 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.
 2. PRINT FULL NAME Water Lavery Hall
 (a) Residence, No. Portageville, Mo R. 2 St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (last name of) Mrs. Cora May Hall
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25, 1872
 7. AGE YEARS 66 MONTHS 10 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. Farm
 10. Date deceased last worked at this occupation (month and year) Sept 1937 11. Total time (years) spent in this occupation 46
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Place unknown
 13. NAME Linn Hall
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Haley Springs
 15. MAIDEN NAME Molly Lerner
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Place unknown
 17. INFORMANT (ADDRESS) Mrs. Cora May Hall
Portageville, Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Portageville, Mo DATE July 14, 1939
 19. FUNERAL DIRECTOR (NAME & ADDRESS) W. Smith
Warrentonville, Mo
 20. FILED July 3 19 39 Mary W. Cook
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13 19 39
 22. I HEREBY CERTIFY, that I attended deceased from August 15 1937 to June 13 1939
 I last saw him alive on April 14 1939. Death is said to have occurred on the date stated above, at 12:45 p. m.
 The principal cause of death and related causes of importance were as follows:
Cancer of Skin of Neck
50
 Date of onset March 1937
 Other contributory causes of importance:
General debility & weakness 1938
Luminal Bronchopneumonia June 10, 1939
 Name of operation Surgical removal of cancer Date of Oct 1937
 What test confirmed diagnosis? By of nasal Was there an autopsy? No
 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) Raymond C. Conrad M. D.
Portageville, Mo (Address) 5

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.

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

Signed.....

Licensed Embalmer No.....

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.