

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

32675
Do not use this space.

1. PLACE OF DEATH **Jasper** Registration District No. **411**
 (a) County **Jasper** (b) Township **Joplin** Primary Registration District No. **2002**
 (c) City **Joplin** (d) Street No. **2101** Indiana Registered No. _____
 (e) Length of residence in city or town where death occurred **82 yrs. 5 mos. 4 ds.** (f) How long in U.S., if of foreign birth? yrs. mos. ds.
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____

2. PRINT FULL NAME **Rebecca Josephine Hall**
 (a) Residence, No. **2101 Indiana** St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 **Alvin Hall**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 12, 1857**

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day,hrs. ormin.
	82	5	14	

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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 26, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **Sept. 14, 1939**, to **Sept 26, 1939**
 I last saw her alive on **Sept 14, 1939**. Death is said to have occurred on the date stated above, at **8:45pm**.
 The principal cause of death and related causes of importance were as follows:

*Senility
Degenerative heart
Lesion*

Date of onset _____

Other contributory causes of importance: **95%**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tennessee**

FATHER 13. NAME **John Cochran**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tennessee**

MOTHER 15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tennessee**

17. INFORMANT (ADDRESS) **Albert E Hall
Joplin, Missouri**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Jackson** DATE **9-28-39**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Reynolds Mortuary
Joplin, Missouri**

20. FILED **9-28-39** *Ed Jones* Local Registrar.

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? _____
 If so, specify _____ (Signed) *V.E. Keeney*, M. D.
 (Address) **311 Sumner Bank**

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.

RECEIVED

District Health Officer No. 6,

District File Number 1039-2060

Date Filed OCT-10-1939

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 H. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin, Mo.

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.