

REC'D JAN 18 1940

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

42618
Do not use this space.

1. PLACE OF DEATH

(a) County Atchison Registration District No. 20
(b) Township Tarkio Primary Registration District No. 4014
(c) City Tarkio, Mo (d) Street No. _____ Registered No. _____
(e) Length of residence in city or town where death occurred 77 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

AUGUST CHRISTOPHER HALL

(a) Residence, No. Tarkio, Missouri 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Laura Hall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 10 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Ret'd Farmer
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) Atchison County Mo

FATHER 13. NAME Adam Hall
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs Laura Hall
Tarkio, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Linden Cemetery DATE June 18, 1939

19. FUNERAL DIRECTOR (ADDRESS) J. H. Williams
Tarkio, Mo

20. FILED June 16, 1939 C. W. Branch
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from Five - 6 1937, to June - 16 - 1939
I last saw him alive on June 16, 1939 Death is said to have occurred on the date stated above, at 11:30 A.M.
The principal cause of death and related causes of importance were as follows:

Migral Valve insufficiency of
Heart leads to 121
Date of onset Feb 6-39

Other contributory causes of importance:
Chronic interstitial nephritis
leads to Feb 6-39

Name of operation _____ Date of _____
What test confirmed diagnosis? Tuberc. 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 _____
Cause of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) J. H. Williams M. D.
(Address) Tarkio, Mo.

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, H. S. Leeman, Licensed Embalmer No. 3381

hereby certify that the body recorded on the reverse side of this certificate was embalmed by H. S. Leeman

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed: H. S. Leeman

Licensed Embalmer No. 3381

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.)