

JAN 13 1940

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

44838

Do not use this space.

1. PLACE OF DEATH:
 (a) County Shelby 2 Registration District No. 830
 (b) Township Shelburna 1 Primary Registration District No. 4503 Registered No. 51
 (c) City Shelburna (d) Street No. _____ St.
 (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Presley A Hall
 (a) Residence, No. _____ 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 Nora Hall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 25 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 8 23

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.
 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) Macon Mo

FATHER 13. NAME Elias A - Hall

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va - 1

MOTHER 15. MAIDEN NAME Celia Reichey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Mo

17. INFORMANT (ADDRESS) Mrs Nora Hall Leonard Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bear Creek DATE 12-20 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. H. Simpson Atarita Mo

20. FILED Jan 10 1940 Ruth Joyner Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-18 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 14 - 1939, to Dec. 18 - 1939

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

Purpious anemia and hemorrhage from nose

Date of onset

Other contributory causes of importance: nil

Name of operation None Date of _____

What test confirmed diagnosis? Clinical 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) D. L. Simpson SO. MO.

740 (Address) Shelburne Mo.

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.

RECEIVED

District Health Officer No. 10

District File Number 1-46-176

Date Filed JAN 12 1940

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,

H M Goodding, or by

Registered Apprentice No., working under my personal supervision.

Signed H M Goodding

Licensed Embalmer No. 17501

P. O. Address Atlanta, 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.