DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2961

Registration District No. 508 FILED FEB 5 1940 Primary Registration District No. 3026 Registrar's No. 4

1. PLACE OF DEATH:

(a) County Livingston 1

(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Chillicothe Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Five days (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

0

(a) State Missouri (b) County Livingston

(c) City or town Rural Cream Ridge Twp.
(If outside city or town limits, write "RURAL")

(d) Street No. R. F. D. 1 Chula, Mo.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Perry William Hall 400

3. (b) If veteran, name war .....

3. (c) Social Security No. 486-12-6936

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mahala Hall

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased June (Month) 2 (Day) 1882 (Year)

8. AGE:

Years	Months	Days	If less than one day
57	7	6	..... hr. ..... min.

9. Birthplace Sullivan County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation W. P. A. 0

11. Industry or business Farming

FATHER
12. Name James Hall 1
13. Birthplace Unknown (City, town, or county) Indiana (State or foreign country) 1

MOTHER
14. Maiden name Nancy Palmer
15. Birthplace Unknown (City, town, or county) Indiana (State or foreign country)

16. (a) Informant's own signature Mrs. Mahala Hall
(b) Address R.F.D. 1 Chula, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-10-'40 (Month) (Day) (Year)
(c) Place: burial or cremation Edgewood Cem.

18. (a) Signature of funeral director F. B. Norman
(b) Address Chillicothe, Missouri

19. (a) 1-8-40 (Date received local registrar) (b) H M Grace, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8
year 1940 hour ..... minute 7 a. M.

21. I hereby certify that I attended the deceased from Jan 1, 1939, to Jan 8, 1940
that I last saw him alive on Jan 7, 1940;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Peritonitis	6 Days
Due to Duodenal Ulcer Perforated	8 Days
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature A. Collier (M. D. or other)
Address Chillicothe Mo Date signed 1/9/1940

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

I X19511

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

Elton F. Norman & E. R. Norman (2374), Registered Apprentice No.

working under my personal supervision.

Signed Elton F. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.