DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7879

Registration District No. 735 (1941)

Primary Registration District No. 3034

Registrar's No. 30

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution: none (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether years, months or days) 20 or 25 yrs

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Moberly (If outside city or town limits, write "RURAL")

(d) Street No. 1141 N. Morley (If rural, give location)

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

3. (a) PRINT FULL NAME Mrs. Nannie Bridges Hall

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife W.K. Hall

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

7. Birth date of deceased 10 (Month) 8 (Day) 1862 (Year)

8. AGE: Years 77 Months 3 Days 29 If less than one day ..... hr. ..... min.

9. Birthplace Bullett Co (City, town, or county) Ky (State or foreign country)

10. Usual occupation at home

11. Industry or business none

FATHER
12. Name John Bridges
13. Birthplace Ky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Paulina Tucker
15. Birthplace Ky (City, town, or county) (State or foreign country)

16. (a) Informant's signature Mrs. Emma Hall

(b) Address 1141 N. Morley St Madison, Mo

17. (a) Madison, (Burial, cremation, or removal) (b) Date thereof 2 9 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Madison Cemetery

18. (a) Signature of funeral director Fred A. Thompson

(b) Address Madison, Mo

19. (a) Feb 9 1940 (Date received local registrar) (b) Leah Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 7 year 1940 hour 10 a.m. minute ..... M.

21. I hereby certify that I attended the deceased from Feb 4 40 ~~Feb 7~~, 19.. to Feb 7, 1940, that I last saw her alive on Feb 6 40, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Intra-cranial Hemorrhage	
Due to	
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 L. Dickens (M. D. or other)

Address Moberly Mo Date signed 2/7/40

(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.

Rev. 3-17-39 1 X19511

RECEIVED
District Health Officer No. 10
District File Number 3-40-635
Date Filed MAR 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, or by ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Fred G. Thompson

Licensed Embalmer No. 1420

P. O. Address Madison, 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.