

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

Do not use this space.

14478

1. PLACE OF DEATH

Henry
Cass
Brownington

Registration District No. 348
Primary Registration District No. 4206

File No. _____
Registered No. 282
St. _____ Ward)

2. FULL NAME Sarah E. Hall

(a) Residence. No. _____ St. _____ Ward. _____
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 6 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED
MARRIAGE OF (OR) WIFE OF John A. Hall

6. DATE OF BIRTH (MONTH, DAY AND YEAR) age 76 yrs 10 days

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1853 March 25

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work house keeper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Marion
(STATE OR COUNTRY) Indiana.

10. NAME OF FATHER William North

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Unknown

14. INFORMANT C.E. Hargack
(Address) Brownington Mo.

15. FILED 4-9-29 C.D. Taylor, M.D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr - 5 1929

17. I HEREBY CERTIFY, That I attended deceased from May 10, 1928, to Apr 5, 1929, and that I last saw her alive on Apr 10, 1929, and that death occurred, on the date stated above, at 10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer Stomach

CONTRIBUTORY (SECONDARY) 4/10
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF _____
WAS THERE AN AUTOPSY? _____
WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) [Signature] M. D.
Apr 9, 29 Address Brownington Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Maplewood Cemetery DATE OF BURIAL April 5 1929

20. UNDERTAKER G. A. Rickett, Brownington Mo.
G. A. Rickett ADDRESS

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.

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