

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

Do not use this space.

17909

1. PLACE OF DEATH

County Henry  
Township Leesville  
City Leesville (No. ....)

Registration District No. 347  
Primary Registration District No. 5-501A

File No. ....  
Registered No. 85 St. .... Ward)

2. FULL NAME

Mary Ann 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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7/00/16-1840

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
88 6 12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housekeeper  
(b) General nature of industry, business, or establishment in which employed (or employer) in home  
(c) Name of employer

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

10. NAME OF FATHER Wm Vancor

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

12. MAIDEN NAME OF MOTHER Sarah Heaton

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

14. INFORMANT Adda Brown  
(Address) Coal - Mo

15. May 29, 1929 Dr. E. C. Peeler  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 28, 1929

17. I HEREBY CERTIFY That I attended deceased from May 3<sup>rd</sup> 1929 to May 28<sup>th</sup> 1929 that I last saw alive on May 17<sup>th</sup> 1929 and that death occurred on the date stated above, at L.C. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Apoplexy  
xxx

CONTRIBUTORY (SECONDARY) None  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH: no

19. DID AN OPERATION PRECEDE DEATH? no DATE OF .....

20. WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS? clinical  
(Signed) E. C. Peeler M. D.  
, 19 (Address) Clinton 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 Rocky Chappel DATE OF BURIAL May 29, 1929

20. UNDERTAKER Space Boy ADDRESS Clinton Mo

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.

DEPARTMENT RECORD

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Peeler

