

OCT 12 1934

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

Do not use this space.

1. PLACE OF DEATH

42

County Henry
Township John
City Calhoun Mo. No. _____

Registration District No. 349
Primary Registration District No. 2487

File No. 32620
Registered No. 18 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Minot J. Hall St. _____ Ward _____
(Usual place of abode) Calhoun, Mo.

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Mable Hall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 18, 1897

7. AGE YEARS 36 MONTHS 8 DAYS 26 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) Clinton Mo. (STATE OR COUNTRY)

13. NAME John Hall

14. BIRTHPLACE (CITY OR TOWN) Henry Co. Mo. (STATE OR COUNTRY)

15. MAIDEN NAME Christie Braden

16. BIRTHPLACE (CITY OR TOWN) Henry Co. Mo. (STATE OR COUNTRY)

17. INFORMANT Mable Hall (ADDRESS) Calhoun Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calhoun Mo. DATE 9-16 1934

19. UNDERTAKER Fred Wilkinson (ADDRESS) Clinton Mo.

20. FILED 9-15 1934 Mo. A. A. Gray Registrar.

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-14 34

22. I HEREBY CERTIFY, That I attended deceased from Sept 9 1934, to Sept 14 1934

I last saw him alive on Sept 14 1934 Death is said to have occurred on the date stated above, at 11:15 AM

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

Intestinal Inflammation
IBS
ASA

Date of onset

9/9/34

Other contributory causes of importance:

weak heart

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury _____ 1934

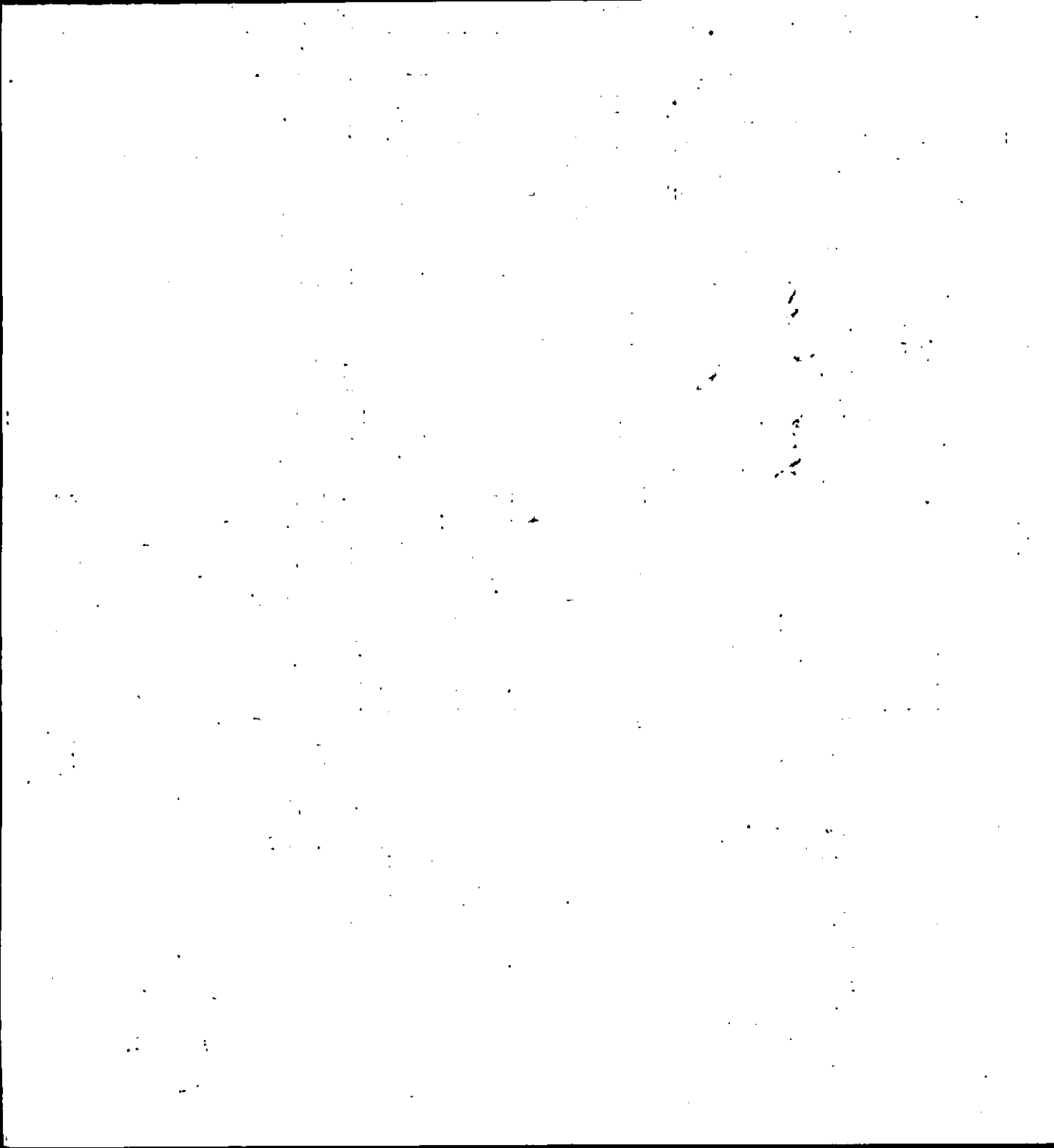
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) J. C. Beaman M. D.
(Address) Calhoun 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.



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Henry
Township.....
City..... (No. St. Ward)

Registration District No. 349
Primary Registration District No. 5487

File No.....
Registered No. 18

2. FULL NAME

Menah 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
36 8 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, 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)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED Dec 8 1927 Miss A. G. Gray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 14 1934

22. I HEREBY CERTIFY, That I attended deceased from to 19.....
I last saw h..... alive on....., 19..... Death is said to have occurred on the day stated above, at.....m.

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

Intermittent Influenza Date of onset

Weak Heart

Myocarditis acute

Other contributory causes of importance: -

Name of operation Date of.....
What test confirmed diagnosis? Was there an autopsy?.....

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? If so, specify.....

(Signed)....., M. D.
(Address).....

SUPPLEMENTARY

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

5-32620