

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

FEB 19 1936

1036

1. PLACE OF DEATH

County Henry  
 Township Clinton  
 City Clinton (No. \_\_\_\_\_)

Registration District No. 347  
 Primary Registration District No. 3018

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence No. 311 north water 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1864

7. AGE YEARS 71 MONTHS 10 DAYS 15 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired mail  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. clear  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Carlton (STATE OR COUNTRY) New York

MOTHER 13. NAME Joshua E. Hall

14. BIRTHPLACE (CITY OR TOWN) X (STATE OR COUNTRY) New York

15. MAIDEN NAME Sarah Crockett

16. BIRTHPLACE (CITY OR TOWN) Orangeville (STATE OR COUNTRY) New York

17. INFORMANT Mr. Emma Hall (ADDRESS) Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Engelwood Cem DATE Jan 18 36

19. UNDERTAKER Conradus & Peck (ADDRESS) Clinton Mo

20. FILED 1-18 1936 J. R. Hampton Registrar.

Walker

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 16 1936

I HEREBY CERTIFY, That I attended deceased from several years 19    , to Jan 16 1936

I last saw him alive on Jan 16 1936 Death is said to have occurred on the date stated above, at 1:20 P.M.

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

uremia Date of onset About 1 wk

Other contributory causes of importance cardiac renal disease

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? Urinal Was there an autopsy? No

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? No

If so, specify \_\_\_\_\_

(Signed) S. W. Walker M. D.

(Address) Clinton Mo

