

SEP 29 1936

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

Do not use this space.

1. PLACE OF DEATH

County Ray  
Township Richmond  
City Richmond (No. ....)

Registration District No. 744  
Primary Registration District No. 3035

File No. 35341  
Registered No. 91  
St. .... Ward)

2. FULL NAME Andrew J. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Maratha Hall</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>about 78 5/8</u>		
7. AGE YEARS <u>about 78</u>	MONTHS	DAYS
If LESS than 1 day, .... hrs. or .... min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>
	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) Rayco

13. NAME David Hall

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

15. MAIDEN NAME Minerva Raines

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

17. INFORMANT Maratha Hall  
(ADDRESS) Richmond, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond DATE Sept. 6 1936

19. UNDERTAKER C. M. Joiner  
(ADDRESS) Richmond, Mo

20. FILED 9-9 1936 E. E. Hay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 4 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 5 1936 to Sept 4 1936  
I last saw him alive on 9-3 1936. Death is said to have occurred on the date stated above, at 1:40 P.M.  
The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:  
Chronic hepatitis ?  
Cancer of Colon 1/4

Name of operation .....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? .....

Where did injury occur? No  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify Yes  
(Signed) John J. Cook, M. D.  
(Address) Richmond 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.

