

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

Do not use this space.

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.

**JUL 9**

**1. PLACE OF DEATH**

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

Registration District No. 744  
Primary Registration District No. 5976 B

File No. 18177  
Registered No. 46

**2. FULL NAME** James W 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2/28/1868

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>60</u>	<u>2</u>	<u>3</u>		

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co Mo.

10. NAME OF FATHER James Hall

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

12. MAIDEN NAME OF MOTHER Fields

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

14. INFORMANT James Hall Jr. (Address) Richmond Mo.

15. FILED May 28 1928 R. L. Hamilton REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 1/28 1928

17. I HEREBY CERTIFY, That I attended deceased from April 30, 1928, to May 1, 1928, and that I last saw him alive on April 30, 1928, and that death occurred, on the date stated above, at 7 A.M.

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

Apoplexy  
Interstitial Nephritis  
CONTRIBUTORY (SECONDARY)  
(duration) 1 yrs. 1 mo. 1 da.

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

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

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Marvin Farniss, M. D.  
May 28, 1928 (Address) Hardin, 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 McDonald Cem. DATE OF BURIAL 5/2/28 1928

20. UNDERTAKER R. L. Hamilton ADDRESS Richmond Mo.

