

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

Do not use this space.

34176

1. PLACE OF DEATH

89 County Ray Registration District No. 743
Township One Primary Registration District No. 5978
City Merger (No. _____) St. _____ Ward _____

2. FULL NAME

John A 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 63 yrs. 5 mos. 25 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

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 Laura Hall
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5/6/1870
7. AGE YEARS 63 MONTHS 5 DAYS 25 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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co mo

13. NAME Solomon Hall

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co mo

15. MAIDEN NAME Sarah Clark

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co mo

17. INFORMANT Wm Hall
(ADDRESS) One mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ruff Cemetery DATE 11/2 1933

19. UNDERTAKER C. J. Gibson
(ADDRESS) One mo

20. FILED Nov 3 1933 L. E. Ellis
One mo Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/31, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 29, 1933, to Oct 31, 1933
I last saw him alive on Oct 31, 1933 Death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus Date of onset _____
59
15B
64
Other contributory causes of importance:
Cardiac Decompensation

Name of operation _____ Date of _____
What test confirmed diagnosis? Blood Chemistry 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) L. E. Ellis, M. D.
(Address) One 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.

NOV 10 1933

