

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

Do not use this space.

21594

PLACE OF DEATH
County Ray Co
Township Crunch
City Crunch (No. _____)

Registration District No. 743
Primary Registration District No. 4445

File No. _____
Registered No. 26
St. _____ Ward _____

2. FULL NAME Minnie L. Hall
(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 L. L. Hall

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12/13/1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 | 5 | 19

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

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

10. NAME OF FATHER Richard R. Palmer

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

12. MAIDEN NAME OF MOTHER Susan Whaley

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

14. INFORMANT L. L. Hall
(Address) Crunch Mo

15. FILED June 4 1928 L. E. Ellis
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 2 1928

17. I HEREBY CERTIFY, That I attended deceased from Apr 1, 1927, to June 2, 1928 that I last saw her alive on July 3 30 p, 1928, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of the uterus
48 (duration) 3 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 46 (duration) yrs. mos. ds.

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) L. E. Ellis, M. D.

(Address) Crunch 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 South Point Cmt DATE OF BURIAL 6/4 1928

20. UNDERTAKER C. M. Gibson ADDRESS Crunch Mo

A. 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.

