

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

Do not use this space.

14474

DEATH
 County Agery Registration District No. 347 File No. 14474
 Township Bogard Primary Registration District No. 5485- Registered No. 64
 City Newrich St. Ward

2. FULL NAME Martha Susan 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 64 yrs. 2 mos. 2 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF O.O. Hall
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 7th 1865
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 64 | 2 | 2
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Domestic
 (b) General nature of industry, business, or establishment in which employed (or employer) Gen. House-Keeping
 (c) Name of employer Herself

9. BIRTHPLACE (CITY OR TOWN) Mo (STATE OR COUNTRY)
 10. NAME OF FATHER James Hendricks
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo. (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Mary Brooks
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Indiana (STATE OR COUNTRY)

14. INFORMANT E. C. Hall (Address) Wich Mo. R. 4
Apr. 16 1929 REGISTRAR Dr. E. C. Decker

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 9 1929
 17. I HEREBY CERTIFY, That I attended deceased from March 20, 1929, to April 5th, 1929 (that I last saw h. or alive on April 5th, 1929, and that death occurred, on the date stated above at 2 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
Arteriosclerosis
 (SECONDARY) (duration) 4 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: at place of death
 DID AN OPERATION PRECEDE DEATH? no DATE OF
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Physical signs
 (Signed) R. P. Smith, M. D.
 , 19 (Address) Wich 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 Wich Cemetery DATE OF BURIAL 4-10 1929
 20. UNDERTAKER H P Smith ADDRESS Wich 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.

WRITE PLAINLY, WITH UNFADING INK—PERMANENT RECORD

MAY 25 1929

