

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

Do not use this space.

17908

1. PLACE OF DEATH

County Henry  
Township Leavelle  
City (No. ....) .....

Registration District No. 347  
Primary Registration District No. S-501A.

File No. ....  
Registered No. 77. (Ward) .....

2. FULL NAME

John 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary A Hall

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 29 - 1838

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
91 3 10

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) Work on farm  
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Indianapolis, Ind  
(STATE OR COUNTRY)

10. NAME OF FATHER Franklin Hall

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Indianapolis, Ind  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Eliza Steadhp.

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

14. INFORMANT Mr. J. Julian  
(Address) Clinton - Mo

15. May 10 1929 Dr. E. C. Peelor  
REGISTRAR per J. S.

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 9 1929

17. I HEREBY CERTIFY, That I attended deceased from Apr 12, 1929, to May 9, 1929, that I last saw him alive on May 8, 1929, and that death occurred, on the date stated above, at 10:30 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Carcinoma of right hand

(duration) 1 yrs. 112 mos. 1 da.

CONTRIBUTORY (SECONDARY) old age

(duration) .... yrs. .... mos. .... da.

18. WHERE WAS DISEASE CONTRACTED

Ind IF NOT AT PLACE OF DEATH .....

19. DID AN OPERATION PRECEDE DEATH? No DATE OF .....

20. WAS THERE AN AUTOPSY? No

21. WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
(Signed) Ed. C. Peelor, M. D.  
, 19 (Address) Clinton 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 May 14  
Park Cemetery DATE OF BURIAL May 14 1929

20. UNDERTAKER Space & Son ADDRESS Clinton 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.

DEPARTMENT RECORD

JUN 25 1929

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