

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

Do not use this space.

13080

1. PLACE OF DEATH

H₂ County Henry Registration District No. 347
 Township Henry Creek Primary Registration District No. 5491
 City (No.) St. Ward)

2. FULL NAME

Theodore Ethelwerth Hall
 (a) Residence, No. Harwell mo Ward. (If nonresident, give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Mrs. Bertha Hall
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20 1877
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 10 7

OCCUPATION
 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. Farming
 10. Date deceased last worked at this occupation (month and year) Oct 1932
 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wright, Henry
Mo

MOTHER FATHER
 13. NAME Andrew Jackson Hall

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
 15. MAIDEN NAME Julija Jane Cornett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) E. C. Peeler

18. BURIAL, CREMATION, OR REMOVAL PLACE Wright Mo DATE Apr-28-33

19. UNDERTAKER (ADDRESS) H. P. Smith

20. FILED 5/2 1933 Ed C. Peeler
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27, 1933
 22. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1933, to April 27, 1933. I last saw him alive on April 25, 1933. Death is said to have occurred on the date stated above, at 4:20 p.m.
 The principal cause of death and related causes of importance were as follows:

Hodgkin Disease
72B
 Other contributory causes of importance: 72B

Date of onset Sept 1932

Name of operation none Date of
 What test confirmed diagnosis? Lab 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) John A. Barron M. D.
 (Address) Warrensburg Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MAY 22 1933

