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

Do not use this space.

35965

File No.

Registered No. 57

1. PLACE OF DEATH

County Charton. Registration District No. 175

Township Charton. Primary Registration District No. 5248

City (No. , St. Ward)

2. FULL NAME Mrs Millie Francis 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 C. J. Hall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14-1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife.

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) November 1-1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pilogrove Kentucky.

FATHER

13. NAME Not known.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT (ADDRESS) Viola Hall Glasgow Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Carmel. DATE 11-10 19 33

19. UNDERTAKER (ADDRESS) Tony Hillen. Glasgow Missouri.

20. FILED 11-15 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 8, 1933

22. I HEREBY CERTIFY. That I attended deceased from Nov 4, 1933, to Nov. 8, 1933

I last saw her alive on Nov 7, 1933. Death is said to have occurred on the date stated above, at 10 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic endocarditis	
92 R	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical 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) Carl C. Neger, M. D.

(Address) Glasgow, 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—THIS IS A PERMANENT RECORD