

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.

JAN 15 1936

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

Do not use this space.

38674

1. PLACE OF DEATH

County Buchanan Registration District No. _____
Township _____ Primary Registration District No. _____
City St. Joseph (No. Francis Street Station) St. _____ Ward _____

File No. _____
Registered No. 1345

2. FULL NAME Frank Hall

(a) Residence, No. 2417 Olive St., Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 2 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 16, 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
52 11 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brakeman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Missouri Pacific Railroad

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MOTHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Illinois

FATHER 13. NAME David Hall

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri

15. MAIDEN NAME Mary Foulke

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Pennsylvania

17. INFORMANT Dale Hall
(ADDRESS) 616 Harmon Str. St. Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL Union Star Cemetery
PLACE Union Star Mo. DATE December 24, 1935

19. UNDERTAKER H. O. Sidenfaden
(ADDRESS) 1802 Union Str. St. Joseph Mo.

20. FILED DEC 23 1935 19 _____
John R. Bieder
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 22, 1935, to _____, 19____, viewed

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 11:40 A.M.

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

Chronic Myocarditis Date of onset _____

Other contributory causes of importance: no facts

Name of operation none Date of _____
What test confirmed diagnosis? Chol. Hist. 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) Joseph Thomas Coroner, M. D.
(Address) 731 Jackson

