

APR 16 1937 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

11351

1. PLACE OF DEATH

County Caldwell Registration District No. 94  
Township Breckenridge Primary Registration District No. 4033  
City Breckenridge (No.     ) St.      Ward     

File No.       
Registered No.      St.      Ward     

2. FULL NAME

(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 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) mar 24, 1937

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

22. HEREBY CERTIFY, That I attended deceased from July 24, 1936, to March 23rd, 1937. I last saw him alive on March 23rd, 1937. Death is said to have occurred on the date stated above, at 4 P. a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29 1849

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

7. AGE YEARS 87 MONTHS 7 DAYS 24 IF LESS than 1 day, hrs. or min.

Cerebral Hemorrhage Date of onset July 24 1936

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer  
10. Date deceased last worked at this occupation (month and year)      11. Total time (years) spent in this occupation     

Other contributory causes of importance: Arterio Sclerosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hartsville Ind

13. NAME John K. Hall

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

15. MAIDEN NAME Estimace Collier

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

17. INFORMANT Mo Wm French (ADDRESS) Breckenridge Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Rose Hill DATE mar 25 37

19. UNDERTAKER (ADDRESS) T. McBeth & Son Breckenridge Mo

20. FILED Mar 23 1937 A. R. Wilsey Registrar.

Name of operation      Date of       
What test confirmed diagnosis?      Was there an autopsy? Yes

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) A. R. Wilsey M. D.  
(Address) Breckenridge 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.

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OCCUPATION  
MOTHER  
FATHER

