

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D JUN 8 1938

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

Do not use this space.

18144

1. PLACE OF DEATH

County De Kalb Registration District No. 262
Township Polk Primary Registration District No. 4161
City Union Star, Mo. St. _____ Ward _____

2. FULL NAME

James Monroe Hall

(a) Residence, No. Union Star, Mo. St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 43 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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1938, to May 27, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 4, 1874

I last saw him alive on May 27, 1938. Death is said to have occurred on the date stated above, at 5 P. m.

7. AGE YEARS 63 MONTHS 9 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. P.P. Siskin Foreman
9. Industry or business in which work was done, as saw mill, bank, etc. School Janitor
10. Date deceased last worked at this occupation (month and year) Apr 1937
11. Total time (years) spent in 25 yrs. 8 mo Janitor occupation 36 yrs.

Other contributory causes of importance: Hypertension

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Union Star, Mo.

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

13. NAME David Hall

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

15. MAIDEN NAME Mary Folke

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

17. INFORMANT H. E. Hall
(ADDRESS) Union Star, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Star DATE May 29, 1938

19. UNDERTAKER Lucile M. Wilson
(ADDRESS) King City, Mo.

20. FILED 5/29, 1938 E. M. Reynolds Registrar.

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? _____
If so, specify _____
(Signed) E. M. Reynolds, M. D.
(Address) Union Star Mo

Date of onset 5/20/38

