

REC'D JUL 20 1938

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

21957
Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 347
(b) Township Both Lethers Primary Registration District No. 7489A Registered No. _____
(c) City Brownington (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 11 yrs. 4 mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Eugene Fox Hall

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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) 2/28/1864

7. AGE 74 YEARS 3 MONTHS 28 DAYS If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Station agent
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) March, 1936 11. Total time (years) spent in this occupation 10 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vine Grove - Kentucky

FATHER 13. NAME Gilbert F. Hall

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vine Grove - Kentucky

MOTHER 15. MAIDEN NAME Anninda F. Wright

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vine Grove - Kentucky

17. INFORMANT (ADDRESS) Mar. M. W. Miller

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Cemetery DATE June 29, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. A. Ricketts
Brownington, Mo.

20. FILED 7-5 1938 D. B. Hampton
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug-16, 1934 to June 28, 1938
I last saw him alive on June 28, 1938. Death is said to have occurred on the date stated above, at 7:30 A. M.
The principal cause of death and related causes of importance were as follows:

Mitral Incompetency
92%
Date of onset Dec 1934

Other contributory causes of importance: _____

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

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) D. B. Hampton, M. D.
(Address) Brownington, 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.