

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

18944
 Do not use this space.

REC'D JUN 19 1939

1. PLACE OF DEATH

(a) County JASPER Registration District No. 411
 (b) Township GALENA Primary Registration District No. 5569 Registered No. _____
 (c) City JOPLIN (d) Street No. R. 3 - Box 116 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

LEWIS WALTER HALL
 (a) Residence, No. R.R. #3, Box 116 St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) EDNA HALL
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 25 1894
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 0 17
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. W.P.A. Night
 9. Industry or business in which work was done, as saw mill, bank, etc. WATCHMAN.
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) EMMET (STATE OR COUNTRY) MISSOURI

FATHER 13. NAME ABNER A. HALL

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

MOTHER 15. MAIDEN NAME BERECCA COURTNER

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

17. INFORMANT (ADDRESS) MRS EDNA HALL
R.R. #3 - Box 116 - Joplin.

18. BURIAL, CREMATION, OR REMOVAL PLACE JACKSON CEMETERY MAY 15 1939

19. FUNERAL DIRECTOR (NAME) Lampher Mortuary (ADDRESS) 1502 Joplin St. Joplin Mo.

20. FILED 5-12-39 Ed D. James Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 12 - 1939

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1939, to May 12, 1939.
 I last saw him alive on May 11, 1939. Death is said to have occurred on the date stated above, at 1:30 A.M.
 The principal cause of death and related causes of importance were as follows:

1. Hemorrhage from nose and throat.
 2. Advanced arterio-sclerosis.
 Other contributory causes of importance:
 1. (Hypertension) Ch. Det. Hypertension?
 2. Arterio-sclerosis
 3. Ch. food poisoning.

Name of operation None Date of _____
 What test confirmed diagnosis? Physical 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? _____
 so, specify Worked in lead smelter
 (Signed) W. B. Chapman, M. D.
 (Address) Joplin, Mo.

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K. 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.

WHILE PRINTING, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED

District Health Officer No. 6,

District File Number 6-39-1285

Date Filed JUN 9 1939

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 F. M. Jones

Licensed Embalmer No. 2319

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.