

JAN 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County Barry Registration District No. 30  
Township Monett Primary Registration District No. 3003  
City Monett (No. ....) St. .... Ward)

File No. 44590  
Registered No. 3

2. FULL NAME Abraham Hall  
(a) Residence. No. 106 Elm St., .... Ward. ....  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

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) Widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 6 1937

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

17. I HEREBY CERTIFY, That I attended deceased from Oct 15 1937, to Dec 6 1937, that I last saw him alive on Dec 6 1937, and that death occurred, on the date stated above, at 2:30 P.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 17, 1866  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
71 | 2 | 24 |

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Myocardial degeneration

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Retired  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

CONTRIBUTORY (SECONDARY) Auricula, Fibrillation  
(duration) 1 1/2 yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry co. mo.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH. 930

10. NAME OF FATHER Abraham Hall

DID AN OPERATION PRECEDE DEATH. DATE OF

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

19. PLACE OF BURIAL, CREMATION, OR REMOVAL J. O. O. Cemetery

12. MAIDEN NAME OF MOTHER Susan Blower

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) Ernest Mitchell, M. D.  
, 19 (Address) Monett Mo.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Son's Arrow

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT (Address) Opheya Jagers  
311 Lead St. Monett Mo

DATE OF BURIAL 12/8 1937

15. FILED Jan 2 1938 W. M. West REGISTRAR

20. UNDERTAKER Callaway ADDRESS Monett

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

