

APR 16 1936

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

Do not use this space.

11642

1. PLACE OF DEATH

County Moniteau County

Registration District No. 214

Township Burriss Park

Primary Registration District No. 5774B

City High Point, Mo. (No. 170)

File No.

Registered No. 5

St. Ward

2. FULL NAME David Frank Hall

(a) Residence, No. High Point, 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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) WIFE OF Sarah Frances Hall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-3-1849

7. AGE YEARS 86 MONTHS 5 DAYS 21 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Montgomery County (STATE OR COUNTRY)

MOTHER 13. NAME Willis Hall

14. BIRTHPLACE (CITY OR TOWN) Not known (STATE OR COUNTRY)

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) Not known (STATE OR COUNTRY)

17. INFORMANT Eliphas Hall (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Yarnall Cemetery 3-26 1936

19. UNDERTAKER Hugo - Hazel Schuport (ADDRESS)

20. FILED 5-25 1936 Mrs. Mabel Barbour Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-24 19 36

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1936, to March 24, 1936

I last saw him alive on March 23, 1936 Death is said

to have occurred on the date stated above, at m.

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

Influenza

Date of onset 3/15/36

Other contributory causes of importance:

Chronic myocarditis

1925

Name of operation Date of

What test confirmed diagnosis? Cholera 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? Yes

If so, specify H. influenza

(Signed) J. H. ..., M. D.

(Address) High Point, 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.

