

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

Do not use this space.

1. PLACE OF DEATH

68 County Moniteau Registration District No. 576-577 File No. 23470
 Township Pilot Grove Primary Registration District No. 577-5773 Registered No. 5
 City High Point, Mo. (No. _____) St. _____ Ward _____

2. FULL NAME Daley Henrietta Hall.

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Eliphas Hall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1881-8-4

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
50 11 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 205
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Moniteau Mo. (STATE OR COUNTRY) _____

FATHER 13. NAME Charles Ostiek

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME Sophie Finke

16. BIRTHPLACE (CITY OR TOWN) Moniteau Co. (STATE OR COUNTRY) _____

17. INFORMANT Eliphas Hall (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Yarnell Cem. DATE 7 12 32

19. UNDERTAKER Wm. H. Schuchert (ADDRESS) Russellville, Mo.

20. FILED July 11 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10 1932

22. I HEREBY CERTIFY That I attended deceased from June 14 1932, to July 10 1932
 Last saw her alive on July 9 1932 Death is said to have occurred on the date stated above, at 6:25 a.m.

The principal cause of death and related causes of importance were as follows:
Acute Pericarditis Date of onset _____
Duration 4 days
Other contributory causes of importance:
Cerebral Hemorrhage
Duration 2 3 days

Name of operation _____ Date of _____
 What test confirmed diagnosis? (D) 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) L. S. Glover, M. D.
 (Address) Russellville 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.

JUL 25 1932

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

data from the
1960-1961

1960-1961

W

1960-1961

1960-1961

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Monticau Registration District No. 577
Township Pilot Grove Primary Registration District No. 5775
City (No.) St. Ward)

File No.
Registered No. 117

2. FULL NAME

Daley Henrietta Hall

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>m</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Eliphas Hall</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>8-4-1881</u>		
7. AGE	YEARS <u>30</u>	MONTHS <u>11</u>
	DAYS <u>6</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>	
	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) (STATE OR COUNTRY) <u>Monticau Mo</u>		
FATHER	13. NAME <u>Charles</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Sophie Pink</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Monticau Mo</u>	
17. INFORMANT (ADDRESS) <u>Eliphas Hall</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Garrett Cem.</u> DATE <u>7-12-32</u>		
19. UNDERTAKER (ADDRESS) <u>Hugo H. Schubert Russellville Mo</u>		
20. FILED <u>8-10</u> 19 <u>32</u> <u>J. Robertson</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 14 to July 10, 1932
Last saw him alive on July 7, 1932. 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:

<u>acute pericarditis</u>	Date of onset
<u>duration 4 days</u>	
Other contributory causes of importance:	
<u>Cerebral Hemorrhage</u>	
<u>Duration 23 days</u>	

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 C. S. Glover, M. D.
(Signed) C. S. Glover, M. D.
(Address) Russellville Mo

WRITE IN INK--THIS IS A SUPPLEMENTARY RECORD
 Fully supplied. AGE should be stated EXACTLY. PHYSICIAN'S liquid state may be properly classified. Exact statement of OCCUPATION is very important.
 REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.
 Every item of inform. CAUSE OF DEATH in plain

SUPPLEMENTARY

S-23970