

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.

REC'D AUG 25 1938

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

Do not use this space.

25949

1. PLACE OF DEATH

County Moniteau
Township Harrison
City High Point (No.)

Registration District No. 574
Primary Registration District No. 57708

File No.
Registered No. 38
St. Ward)

2. FULL NAME

Sarah Frances Hall 400

(a) Residence, No. 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

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF David Franklin Hall
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20 1847
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
91 2 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Montgomery County, Mo.

FATHER 13. NAME Eliphas Ellis

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

MOTHER 15. MAIDEN NAME Grace Ellis

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

17. INFORMANT Eliphas Hall
(ADDRESS) Highpoint, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Varnall Cemetery DATE July 31, 1938

19. UNDERTAKER Funeral Home
(ADDRESS) Russellville, Mo

20. FILED 7/31, 1938 Jewell Phillips
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-28, 1938

I HEREBY CERTIFY, That I attended deceased from July 26, 1938 to July 28, 1938.
I last saw her alive on July 26, 1938. 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:

Chronic endocarditis
Date of onset
92
Other contributory causes of importance:
Senility

Name of operation Date of
What test confirmed diagnosis? 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?
If so, specify Chas. E. Murrell D.D.
(Signed) Russellville, Mo.
(Address) 508

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This ensures transparency and allows for easy verification of the data.

In the second section, the author details the various methods used to collect and analyze the data. This includes both manual and automated processes. The goal is to ensure that the data is as accurate and reliable as possible.

The third section provides a comprehensive overview of the results obtained from the analysis. It highlights key trends and patterns that have emerged from the data. These findings are crucial for understanding the underlying dynamics of the system being studied.

Finally, the document concludes with a series of recommendations based on the findings. These suggestions are intended to help improve the efficiency and accuracy of the data collection and analysis process in the future.