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.

File No. 25949

Registered No. 88

Registration District No. 576

Primary Registration District No. 5770A

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1. PLACE OF DEATH
County: Moniteau
Township: Harrison
City: ~~High Point~~ (No. ..., ... St. ..... Ward)

2. FULL NAME: Sarah Frances Hall 400

(a) Residence, No. ..... 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: 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 2o 1847

7. AGE: Years 91 | Months 2 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown 9

MOTHER

15. MAIDEN NAME: Grace Ellis 9

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown 1

17. INFORMANT: Eliphas Hall
(ADDRESS): Highpoint, Mo

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

19. UNDERTAKER: Hugo Vogel Schubert
(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

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1938, to ....., 19..., 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

9 d 8

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 .....

(Signed) Gordon E. Murrell D.O.

(Address) Russellville, Mo. R 2

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