

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.

JUN 28 1935

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

Do not use this space.

17580

1. PLACE OF DEATH

County St. Francois Registration District No. 274
Township St. Francois Primary Registration District No. 4465
City St. Francois (No. 1) St. _____ Ward _____

File No. 201
Registered No. _____

2. FULL NAME

Mrs. Mary Elizabeth Hall
(a) Residence, No. Flat River mo (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Edw. Thomas Hall</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 27-1957</u>		
7. AGE YEARS <u>78</u>	MONTHS <u>1</u>	DAYS <u>15</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>own home</u>		
10. Date deceased last worked at this occupation (month and year) <u>8-1-35</u>		
11. Total time (years) spent in this occupation <u>67</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Perry Co mo</u>		
13. NAME <u>Mr. John Vaughan</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Perry Co</u>		
15. MAIDEN NAME <u>unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
17. INFORMANT <u>Mrs. Fayne Bivens (daughter)</u> <u>St. Francois mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Woodlawn</u> DATE <u>May 16 1935</u>		
19. UNDERTAKER <u>Alvin W. Hood</u> <u>Flat River mo</u>		
20. FILED <u>5/18</u> 19 <u>35</u> <u>OB Murray</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-12 1935, to 5-12 1935
I last saw her alive on 5-12 1935 Death is said to have occurred on the date stated above, at 4:30 p.m.
The principal cause of death and related causes of importance were as follows:
Cerebral apoplexy Date of onset _____
Arterio sclerosis _____
Other contributory causes of importance: _____
Name of operation none Date of _____
What test confirmed diagnosis? exam 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? IVO
If so, specify C. H. Appleberry M. D.
(Signed) Flat River mo
(Address) _____

I was called to see Mrs. Johnson
5-12-35 at 4³⁰ in the afternoon. She apparently
had started to walk across the floor and
fell, she never spoke or required assistance
& has started this path several months
ago as there time she had myocardial
and hypertension & arterio sclerosis. In
view of the above history I feel that she
died from cerebral apoplexy caused by
the hypertension & arterio sclerosis
C. H. Appleberry, M.D.