

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

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.

PLACE OF DEATH			MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		
County	<i>Christian</i>		Registration District No.	<i>182</i>	
Township	<i>Lincoln</i>		Primary Registration District No.	<i>5252</i>	
or Village			Registered No.	<i>29034</i>	
or City			St.	Ward	
FULL NAME			<i>Elcsey Halder</i>		
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH		
<i>Male</i>	<i>white</i>	<i>Married</i>	<i>Sept 16 1912</i> (Month) (Day) (Year)		
DATE OF BIRTH			I HEREBY CERTIFY, that I attended deceased from		
<i>Oct 1 1877</i> (Month) (Day) (Year)			_____, 191____, to _____, 191____,		
AGE			that I last saw him _____ alive on _____, 191____,		
<i>84 yrs. 11 mos. 15 ds.</i>			and that death occurred, on the date stated above, at <i>7 A.</i> m.		
OCCUPATION			The CAUSE OF DEATH* was as follows:		
(a) Trade, profession, or particular kind of work <i>Farmer</i>			<i>Apoplexy</i>		
(b) General nature of industry, business, or establishment in which employed (or employer) <i>1-52</i>			<i>I never saw him until after death.</i>		
BIRTHPLACE (City or town, State or foreign country)			Contributory (SECONDARY)		
<i>Bedford Co Tenn</i>			_____ (Duration) _____ yrs. _____ mos. _____ ds.		
PARENTS	NAME OF FATHER		(Signed) <i>E. E. Wade</i> M. D.		
	<i>John Halder</i>		<i>9/17 1912</i> (Address) <i>Cherry Mo</i>		
	BIRTHPLACE OF FATHER (City or town, State or foreign country)		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.		
	<i>Tenn</i>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)		
MAIDEN NAME OF MOTHER		<i>Ann Smallwood</i>		At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.	
BIRTHPLACE OF MOTHER (City or town, State or foreign country)		<i>Tenn</i>		Where was disease contracted If not at place of death?	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE					
(Informant) <i>Walter Pearce</i>					
(ADDRESS) <i>Cherry Mo</i>					
Filed <i>9 16 1912</i>			REGISTRAR <i>P. R. Appleby</i>		
PLACE OF BURIAL OR REMOVAL			DATE OF BURIAL		
<i>Wise Hill Cem.</i>			<i>9/17 1912</i>		
UNDERTAKER			ADDRESS		
<i>B. B. Nickle</i>			<i>Cherry</i>		

