

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

Do not use this space.

12147

1. PLACE OF DEATH

County Johnson Registration District No. 431 File No. _____
 Township Warrensburg Primary Registration District No. 3023 Registered No. _____
 City Warrensburg (No. _____) St. _____ Ward _____

2. FULL NAME

Hattie Hallee
 (a) Residence No. 317 North Water St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 65 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ben Hallee

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 not known not known not known

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housework
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Don't know Thiry

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT Hazel Hallee
 (Address) Warrensburg Mo

15. FILED 4-18, 1927 Wm Patterson
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 17 - 1927

17. I HEREBY CERTIFY That I attended deceased from _____
saw her after death _____, 19____
 that I last saw h. _____ alive on _____, 19____, and that
 death occurred, on the date stated above, at 5:30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
The patient was dead when I arrived - from history presume it was a acute
dilation of heart yrs. mos. da.

CONTRIBUTORY (SECONDARY) 9000 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) Wm Patterson M. D.
4-18, 1927 (Address) Warrensburg Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Warrensburg Mo. DATE OF BURIAL 4-20 1927

20. UNDERTAKER Sammy G. Phillips ADDRESS Warrensburg 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.

APR 27 1927

