

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

Do not use this space.

15309
15578

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 703

City Lewis (No. City 110621)

File No.

Registered No. 4528

St. Ward)

2. FULL NAME

(a) Residence. No. 601 Franklin St. Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single (write the word)

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 16 - 1850

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ____ hrs. or ____ min. 78 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer 131 93
(b) General nature of industry, business, or establishment in which employed (or employer) 191
(c) Name of employer

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

10. NAME OF FATHER James Hauley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Iowa
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Meta Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis, Mo.
(STATE OR COUNTRY)

14. INFORMANT (Address) City 110621

15. FILED PR 26 1928 May 2 Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 16 1928

17. I HEREBY CERTIFY, That I attended deceased from Apr 20, 1928, to Apr 16, 1928, that I last saw him alive on Apr 16, 1928, and that death occurred, on the date stated above, at 6:50 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Tuberculosis (staphylococcus)
Chronic myocarditis
Chronic interstitial nephritis

CONTRIBUTORY (SECONDARY) Senility (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 1219 W
IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Edmund R. Sheridan, M. D.

4/17, 1928 (Address) City 110621

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

St. Louis 4/20 1928

20. UNDERTAKER ADDRESS

W. Richter 3500 Rutger

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.

THIS IS A PERMANENT RECORD

Hawley