

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

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Gronoway

1. PLACE OF DEATH

County Macon Registration District No. 533 File No. 50
 Township Madison Primary Registration District No. 3027 Registered No. _____
 City Macon City (No. _____) St. _____ Ward _____

2. FULL NAME

Edith Haley
 (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

7. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elmer Haley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 3, 1874

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ____ hrs. or ____ min.
54 | 1 | 13

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (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) Randolph Co., Mo

10. NAME OF FATHER Arch. Brock

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

12. MAIDEN NAME OF MOTHER Mary Rogers

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

14. INFORMANT Elmer Haley
 (Address) Salisbury, Mo

15. FILED 530 280 Mrs. Luke Kunkel REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 16 1928
 17. I HEREBY CERTIFY That I attended deceased from 5-2, 1928, to 5-16, 1928
 that I last saw h. er alive on 5-16, 1928 and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
102 Cerebral Hemorrhage
essential hypertension
 CONTRIBUTORY (SECONDARY) leucemia
 (duration) 2 yrs. H. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS? P. P. Kowarski, M. D.

(Signed) _____ (Address) 5-17 1928 Macon 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 Salmon Cemetery DATE OF BURIAL May 17 1928

20. UNDERTAKER Albert Skinner ADDRESS Macon 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.

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