

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.

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

Do not use this space.

22314

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City.....

(No.)

Hospital # 2

File No.

Registered No. 6500

St.

Ward)

2. FULL NAME

(a) Residence. No. 820 N. 23d

St. 21

Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 12 yrs.

mos.

da.

How long in U.S., if of foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Col.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

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

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

Jan. 6, 1890

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

38

5

9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Domestic

(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)

Tenn.

10. NAME OF FATHER

Phil Haley

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Tenn.

12. MAIDEN NAME OF MOTHER

Easter Wallace

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Tenn.

14.

INFORMANT (Address)

Emma F. Woodard, City Hospital #2

15.

FILED

JAN 20 1928

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

June 15, 1928

17.

I HEREBY CERTIFY, That I attended deceased from

6/15, 1928, to 6/15, 1928

that I last saw her alive on 6/15, 1928, and that death occurred, on the date stated above, at 1:30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS

lung abscess
non tubercular cause
unknown
about 125
1874

CONTRIBUTORY (SECONDARY)

Branch Pneumonia

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

10/12/28

DID AN OPERATION PRECEDE DEATH? NO

WAS THERE AN AUTOPSY? YES

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Dr. H. H. H. M. D.

, 19 (Address) City Hosp. #2

*State the DISEASE CAUSING DEATH, or if 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

DATE OF BURIAL

Washington Park June 21, 1928

20. UNDERTAKER

ADDRESS 3100

Peoples Undertaking Co. Franklin

