JAN 23 1929

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

Do not use this space.

39693

File No. .....

Registered No. 60

1. PLACE OF DEATH
County: Cape Girardeau — Registration District No. 124
Township: ..... — Primary Registration District No. 4070
City: Jackson Mo (No. ..... St. ..... Ward)

2. FULL NAME: Mary Bell Halley

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
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

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): ~~M~~

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 17 1894

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
33	11	24	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: School teacher
(b) General nature of industry, business, or establishment in which employed (or employer): 23P 11A
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Jackson
(STATE OR COUNTY): Mo

PARENTS

10. NAME OF FATHER: Joe N. Halley
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Near Cape Ridge
(STATE OR COUNTY): Mo
12. MAIDEN NAME OF MOTHER: Martha Elizabeth Tucker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Near Jackson
(STATE OR COUNTY): Mo

14. INFORMANT: Mrs Joe Halley
(Address): Jackson Mo

15. FILED: 12-13 28 19..... D. G. Suber
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 11 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 11 at 6 P.M. 1928, to 9 P.M. Dec 11 1928 that I last saw h. alive on Dec 11 1928, and that death occurred, on the date stated above, at 9 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
Had been away from home and just got home before death
about 1½ (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Influenza
(duration) ..... yrs. ..... mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Tubercle Bacilli found
(Signed) D. G. Suber, M. D
12-13 1928 (Address) Jackson 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: Russell Heights Cem — DATE OF BURIAL: 12-13 1928

20. UNDERTAKER: Lancaster & Miller — ADDRESS: Jackson 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.