

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

22361-a
Do not use this space



1. PLACE OF DEATH

County Randolph Registration District No. 735
Township _____ Primary Registration District No. 8034
City Moberly (No. _____) St. _____ Ward _____

File No. _____
Registered No. 172
St. _____ Ward _____

2. FULL NAME

Taylor Clay Halley
(a) Residence. No. 4 Woodland Ave St. Moberly Mo. _____
(Usual place of abode) _____ Ward _____

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF unknown
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 25, 1894
7. AGE
YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
34 7 1 — —
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Moberly Street Dept. Employed by City of
(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
10. NAME OF FATHER H. C. Halley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Macon Co
12. MAIDEN NAME OF MOTHER Sarah Ruth
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Macon Co

14. INFORMANT Eric Halley
(Address) Moberly Mo
15. FILED 6/27, 1929 Geo S Fleming
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 26 19 29
17. I HEREBY CERTIFY, That I attended deceased from June 25, 1929, to June 26, 1929, that I last saw him alive on June 26, 1929, and that death occurred, on the date stated above, at 11 P M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral
BNA
97
(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) 2 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH, _____
19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____
20. WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? none
(Signed) O O Fish M. D.
1929 (Address) Moberly 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 Huntsville **DATE OF BURIAL** June 27 19 29
20. UNDERTAKER Tom B Patton Huntsville
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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1929

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