JUL 22 1929

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

85

Do not use this space.

23844

1. PLACE OF DEATH
County: Buchanan — Registration District No.
Township — Primary Registration District No. 1001
City: St Joseph, Mo (No. 36th and Messanie St. Ward)

File No.
Registered No. 835

2. FULL NAME: Fred Halsey
(a) Residence. No. 2600 Jackson 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

3. SEX: Male
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: Etta Halsey

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 9 1876

7. AGE: Years 53 | Months 0 | Days 0 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Contractor
(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): Tecumseh Nebr

PARENTS
10. NAME OF FATHER: F. P. Halsey
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown
12. MAIDEN NAME OF MOTHER: Eunice Halsey
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

14. INFORMANT: Mrs Fred Halsey
(Address) 2600 Jackson

15. FILED: July 10, 1929 — Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 9 1929

17. I HEREBY CERTIFY, That I ~~attended deceased from~~ viewed on ..., 19..., to ..., 19...
that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at 4:30 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:
accidently Electrocuted at 36 & Messanie
~~Fell across a live wire~~
Fell across live wire (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
193 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
1869 IF NOT AT PLACE OF DEATH
0 DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS
(Signed) B W Tadlock Coroner M.D.
7/10, 1929 (Address) St Joseph 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: Mt. Auburn — DATE OF BURIAL: July 11, 1929

20. UNDERTAKER: Fleeman Funeral Home — ADDRESS: 1946 Colhoun

N. B.—Every item of information should be carefully supplied. AGE, to 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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