

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

Do not use this space.

12989

1. PLACE OF DEATH

County Jasper Registration District No. 408
Township Carthage Primary Registration District No. 3020
City Carthage (No. _____) St. _____ Ward)

File No. _____
Registered No. _____

2. FULL NAME

Loren Alden Haley
(a) Residence No. 219 N. Garrison St. Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 15-1923</u>		
7. AGE	YEARS <u>6</u>	MONTHS <u>1.0</u>
	DAY <u>11</u>	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Student</u> (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer.		

9. BIRTHPLACE (CITY OR TOWN) Carthage Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Fred M. Haley

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

12. MAIDEN NAME OF MOTHER Grace Lee

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

14. INFORMANT F. M. Haley
(Address) Carthage Mo.

15. FILED 5/1 1930 E. Ditchburn
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 29 1930

17. I HEREBY CERTIFY, That I attended deceased from Apr. 8 1930 to Apr. 29 1930
that I last saw him alive on Apr. 29 1930 and that death occurred, on the date stated above, at 11:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
108
130 (duration) yrs. mos. 2 da.
CONTRIBUTORY Acute nephritis
(SECONDARY) (duration) yrs. mos. 1.0 da.

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

19. DID AN OPERATION PRECEDE DEATH? DATE OF _____
WAS THERE AN AUTOPSY? _____
WHAT TEST CONFIRMED DIAGNOSIS? R. N. Auten M. D.
(Signed) May 1 1930 (Address) Carthage

*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 Park Cemetery DATE OF BURIAL 5-1 1930

20. UNDERTAKER Ulmer - Drake ADDRESS Carthage

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MARGIN RESERVED FOR DRIVING

36 1930

