OCT 28 1930

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

Do not use this space.

29467

File No. ~~104~~

Registered No. ~~278~~ 104

1. PLACE OF DEATH
County Cooper
Township
City Boonville (No. , St. Ward)

Registration District No. 218
Primary Registration District No. 3015

2. FULL NAME Leonard Leroy Haller.
(a) Residence. No. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
male	white	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept-1-1929

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1		19	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(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) Boonville Mo

PARENTS
10. NAME OF FATHER Monte Haller
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Boonville Mo.
12. MAIDEN NAME OF MOTHER Evelyn Melkesman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Boonville Mo.

14. INFORMANT Monte Haller
(Address) Boonville Mo

15. FILED Sept 26 1930 J. R. Kinley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 20 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1930, to Sept 20, 1930 that I last saw ~~him~~ alive on Sept 20, 1930, and that death occurred, on the date stated above, at 9:45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Encephalitis
7 d B
(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) none
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? None
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical Findings
(Signed) T C Beckett, M. D.
9-20, 1930 (Address) Boonville 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 Walnut Grove Cemetery — DATE OF BURIAL Sept 22 1930
20. UNDERTAKER Goodman & Boller — ADDRESS Boonville

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.