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

Do not use this space.
39952

1. PLACE OF DEATH
County: Lawrence
Township: N. Mt. Vernon
City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 470
Primary Registration District No. 5633

File No. 61
Registered No. .....

JAN 20 1931

2. FULL NAME: H. H. Haley

(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. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 1, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	40	3	4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): X
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Arkansas

PARENTS
10. NAME OF FATHER James Haley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Arkansas
12. MAIDEN NAME OF MOTHER Bell Davis
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Tenn.

14. INFORMANT: H. F. Haley
(Address) Everton, Mo.

15. Filed January 10, 1931 N. J. Tirctor
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 5 1930

17. I HEREBY CERTIFY, That I attended deceased from 8/12, 1930, to 12/5, 1930, that I last saw him alive on 12/4, 1930, and that death occurred, on the date stated above, at 4:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary tuberculosis
23A
(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Tuberculous larynx
(duration) ..... yrs. 8 mos. — ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Everton, Mo.
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? X Ray and exp. sputum

(Signed) J. B. Stokes, M. D.
12/5, 1930 (Address) Mt. Vernon, 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	DATE OF BURIAL
Johns Chapel	Dec 7 1930
20. UNDERTAKER	**ADDRESS**
Morris & Lemon	Miller Mo