

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

Do not use this space.

1992

1. PLACE OF DEATH

County Livingston
Township Chillicothe
City Chillicothe

Registration District No. 008
Primary Registration District No. 3086

File No. _____
Registered No. 1
St. _____ Ward) _____

2. FULL NAME

(a) Residence. No. Chillicothe Hospital Ward. _____
(Usual place of abode) (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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1913 Jan - 3

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
78 ✓ ✓ ✓

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

9. BIRTHPLACE (CITY OR TOWN) Utica Mo
(STATE OR COUNTRY) Livingston County

10. NAME OF FATHER Hardy H. Halz

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Utica
(STATE OR COUNTRY) Livingston Co. Mo

12. MAIDEN NAME OF MOTHER Goldie G. McCoy

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Utica
(STATE OR COUNTRY) Livingston Co. Mo

14. INFORMANT H. H. Halz
(Address) Utica Mo

15. FILED 1-3-31 Reuben Barney REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-3-31

17. I HEREBY CERTIFY, That I attended deceased from 1-3-31, 1931, to 1-3-31, 1931 that I last saw him alive on 1-3-30, 1931, and that death occurred, on the date stated above, at 1-3-31 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Suicide

163E (duration) _____ yrs. ____ mos. ____ ds. 3 hours

CONTRIBUTORY (SECONDARY) Strychnine (duration) _____ yrs. ____ mos. ____ ds.

18. WHERE WAS DISEASE CONTRACTED Utica Mo
IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____

20. WAS THERE AN AUTOPSY? No History _____

WHAT TEST CONFIRMED DIAGNOSIS? Convulsions and
(Signed) Reuben Barney M.D.

1-3-31 (Address) Chillicothe

*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 Utica Cemetery DATE OF BURIAL 1-5-31

20. UNDERTAKER F. B. Norman ADDRESS Chillicothe

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

MARGIN RESERVED FOR BINDING

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.

V. No. 2.

