

25 1931

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

Do not use this space.

6336

1. PLACE OF DEATH

County Madison  
Township Leadbetter  
City Franklin (No. ....)

Registration District No. 558  
Primary Registration District No. 5702

File No. ....  
Registered No. 2  
St. .... Ward)

2. FULL NAME

(a) Residence. No. Jenny M. Halt 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 14 - 1834

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
96 7 23

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Drummer!  
(b) General nature of industry, business, or establishment in which employed (or employer) .....

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

PARENTS

10. NAME OF FATHER Alanson Halt

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

12. MAIDEN NAME OF MOTHER .....

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....

14. INFORMANT Mrs. Julia Halt  
(Address) Franklin, Mo

15. FILED 9/15, 1931 W. E. Odeu  
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 7 1931

I HEREBY CERTIFY, That I attended deceased from Jan 17, 1931, to July 7, 1931, that I last saw h. .... alive on July 7, 1931, and that death occurred, on the date stated above, at 9 A. .....

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Angina pectoris, senile  
+ Chronic interstitial nephritis

131 (duration) yrs. 1 mos. - da.  
CONTRIBUTORY Senility  
(SECONDARY)  
102 (duration) yrs. .... mos. .... da.

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

DID AN OPERATION PRECEDE DEATH? no DATE of .....

19. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Microscopic  
(Signed) J. J. ..., M. D.  
, 19 (Address) Franklin 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 Fairview DATE OF BURIAL July 8 1931

20. UNDERTAKER W. E. Odeu ADDRESS Franklin  
4720

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.

