

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

Do not use this space.

21235

File No. _____
Registered No. 71
St. _____ Ward _____

1. PLACE OF DEATH

County Henry Registration District No. 347
Township _____ Primary Registration District No. 3018
City Clinton (No. _____)

2. FULL NAME

(a) Residence. No. 622 N. Allen 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 M 4. COLOR OR RACE W 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) June 13 - 1913

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
18 0 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Labourer 2:41
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Schell City (STATE OR COUNTRY) Mo

10. NAME OF FATHER C.H. Halvey
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lawrence City (STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Maud Griffith
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dayton (STATE OR COUNTRY) Ohio

14. INFORMANT Mrs C.H. Halvey (Address) Clinton Mo

15. FILED 6/16, 1931 Ed C. Peelor REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6/13 1931

17. I HEREBY CERTIFY, That I attended deceased from 6/6, 1931, to 6/13, 1931 that I last saw him alive on 6/13, 1931 and that death occurred, on the date stated above, at 2 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Enteritis
127B
120B

(duration) _____ yrs. _____ mos. 10 ds.
CONTRIBUTORY Gall bladder infection (SECONDARY)

(duration) _____ yrs. _____ mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Surgical
(Signed) Ed C. Peelor, M. D.

, 19 _____ (Address)

*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 Schell City Mo DATE OF BURIAL 6-14 1931

20. UNDERTAKER Spore Son Clinton Mo ADDRESS _____

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.

JUL 24 1931

1931
1913

18

6-13