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

Do not use this space.
Dr Walsh
24772

File No. 545

1. PLACE OF DEATH
County: Greene
Registration District No. 318
Primary Registration District No. 2001
Township
City: Springfield (No. 405 W Calhoun St. Ward)

2. FULL NAME: Edward C Halliday

(a) Residence, No. 405 W Calhoun 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): married

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF: Adelaide M. Powell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mch 18-1860

7. AGE: Years 71 Months 4 Days 2 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Springfield

FATHER
13. NAME: W M Halliday
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Springfield

MOTHER
15. MAIDEN NAME: Anne Hagel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Springfield

17. INFORMANT (ADDRESS): Mrs E C Halliday 405 W Calhoun

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Bazelwood DATE: 7-22 1931

19. UNDERTAKER (ADDRESS): Eff Johnson Sprg Mo

20. FILED 7-22 1931 Fon Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7/20 1931

22. I HEREBY CERTIFY, That I attended deceased from 6-1 1926, to 7-20 1931
I last saw him alive on 5-28 1931. Death is said to have occurred on the date stated above, at 8:10 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	7/20/31
82A	
97 (Apoplexy)	

Other contributory causes of importance:
arteriosclerosis

Name of operation: Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. T. Walsh, M. D.
(Address) Springfield Mo

AUG 26 1931

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.

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