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

Do not use this space.

25716

1. PLACE OF DEATH
County New Madrid — Registration District No. 55 — File No. 8
Township Anderson — Primary Registration District No. 4033 — Registered No. 904
City Gideon (No. ..... St. ..... Ward)

2. FULL NAME Earline Hafford
(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. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

SEP 24 1931

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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 16 1931

7. AGE — YEARS: — MONTHS: 4 — DAYS: 27 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Flint (STATE OR COUNTRY) Mich

PARENTS
10. NAME OF FATHER Albert T Hafford
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ill
12. MAIDEN NAME OF MOTHER Annie Hall
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ind

14. INFORMANT Albert T Hafford
(Address) Gideon

15. FILED Aug 10 1931 M. V. Mumma REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-13 1931

17. I HEREBY CERTIFY, That I ~~attended~~ saw deceased from on 7-13-31 at office, 19..., to ....., 19..., that I last saw her alive on 7-13, 1931, and that death occurred, on the date stated above, at 1 30 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gastro-Enteritis
119B 119
(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (SECONDARY)
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Geo Fulkerson, M. D.
, 19 (Address) Gideon 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. Stanfield

19. PLACE OF BURIAL, CREMATION OR REMOVAL: ~~Mt Gilead Cem~~ — DATE OF BURIAL: 7-14 1931

20. UNDERTAKER: Joe Street — ADDRESS: Gideon Mo

30
13
43
16
27

1931-7-13
1931-2-16
4-27