

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

Do not use this space.

4486

1. PLACE OF DEATH
 County Howell Registration District No. 384
 Township West Plains, Mo Primary Registration District No. 4777
 City West Plains, Mo St. _____ Ward _____
 2. FULL NAME Hattie N. Healey
 (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.

File No. 18
 Registered No. _____
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX W 4. COLOR OR RACE Wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 4 - 1888
 7. AGE YEARS 42 MONTHS 4 DAYS 70 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
 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) Dayton, Mo!
 MOTHER FATHER 13. NAME Jas. Voelker
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10
 15. MAIDEN NAME Jerusha Brooks
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia 2
 17. INFORMANT M. Healey
 (ADDRESS) West Plains Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Home land DATE 7/25 - 1932
 19. UNDERTAKER (ADDRESS) M. F. Landry
West Plains, Mo
 20. FILED 2-75 1932 M. O. P. Heimerich
 Registrar.

MEDICAL CERTIFICATE OF DEATH

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 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/24 1932
 22. WHEREBY CERTIFY, That I attended deceased from 7/22 1932 to 7/24 1932
 I last saw him alive on 7/24 1932. Death is said to have occurred on the date stated above, at 5:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Brain Injury
Fractured Skull
 Other contributory causes of importance: Removal of bone
 Name of operation Removal of bone Date of _____
 What test confirmed diagnosis? Specimen Brain _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No Date of injury 7/22 1932
 Where did injury occur? West Plains Mo
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Home
 Manner of injury: Fell from ladder
 Nature of injury: Compound Fracture Skull
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify No
 (Signed) M. O. P. Heimerich, M. D.
 (Address) West Plains Mo

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.

MAR 23 1932

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1937-2-20
1888-10-10
1937-2-20