

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

Do not use this space.

5853

1. PLACE OF DEATH
 County Pettis Registration District No. 667
 Township La Monte Primary Registration District No. 4400
 City La Monte (No. _____) St. _____ Ward _____

2. FULL NAME Wooden C. Hairline
 (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 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Mo 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 Samantha Hairline

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 28 = 1949

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 7 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

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) Feb = 24 = 32 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lever Ky

13. NAME James Hairline

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

15. MAIDEN NAME Martha Rose

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT Mrs. Ed. Scott
 (ADDRESS) La Monte Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE La Monte DATE _____ 19 _____

19. UNDERTAKER W. J. Oarsen
 (ADDRESS) La Monte Mo

20. FILED 2-25-32 W. J. Oarsen
 Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1931 to Feb 25, 1932
 I last saw him alive on Feb 25, 1932. Death is said to have occurred on the date stated above, at 4 A. m.
 The principal cause of death and related causes of importance were as follows:

Myocardial degeneration Date of onset Aug 31
Age

Other contributory causes of importance: (1)

Name of operation _____ Date of _____
 What test confirmed diagnosis? None Was there an autopsy? No

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. E. Walker, M. D.
 (Address) La Monte 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.

REC'D 4 1932

