

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

Do not use this space.

8617

1. PLACE OF DEATH

County Jackson
Township Draw
City H. C.

Registration District No. 399
Primary Registration District No. 1572

File No. 1201
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 819 Wheeling St. Ward. 10

(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 30, 1877

7. AGE YEARS 61 MONTHS 1 DAYS 23 IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Locomotor 116 Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C. B. & G. R. R.

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) no

13. NAME Do not know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

15. MAIDEN NAME Do not know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

17. INFORMANT (ADDRESS) Mrs. Amelia Hallisey 819 Wheeling

18. BURIAL, CREMATION, OR REMOVAL PLACE Clinton, Mo. DATE Mar 28, 1932

19. UNDERTAKER (ADDRESS) C. H. Blackington & Son 2825 S. Independence Blvd.

20. FILED 3/23 32 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/23, 1932

22. I HEREBY CERTIFY that I attended deceased from _____ to _____, 19____. I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Suicide, by self with rope.

Other contributory causes of importance: 165 7

Name of operation Stetson Injector 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) Stanley M. Hall, M. D.
(Address) Clinton, 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.

