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.

JUN 21 1932

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

Do not use this space.

15226

1. PLACE OF DEATH Barry
County ~~Lawrence~~ 5 Registration District No. 35
Township Pleasant Ridge Primary Registration District No. 5043
City R.F.D. Verona Mo. (No. St. Ward)

File No. 4
Registered No. 4

2. FULL NAME Nellie Lavern Haley
(a) Residence, No. R.F.D. Verona Mo. 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 31 - 1932

7. AGE: YEARS / MONTHS / DAYS — If LESS than 1 day, 3 hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) R.F.D. Verona Mo.

FATHER
13. NAME Elbert Haley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Verona Mo.

MOTHER
15. MAIDEN NAME Bessie Carpenter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Seligman Mo.

17. INFORMANT (ADDRESS) Elbert Haley Verona Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calton Cem. DATE 5-31- 1932

19. UNDERTAKER (ADDRESS) None

20. FILED 6-8- 1932 Mrs J. L. Pennell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31 - 1932

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1932, to May 31, 1932
I last saw h. alive on May 31, 1932. Death is said to have occurred on the date stated above, at 1 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth (6 months)	
159	
157	
Other contributory causes of importance: Hookworm infestation	
Hydrocephalus	

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? R.F.D. Verona Mo
(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? No
If so, specify
(Signed) [illegible], M. D.
(Address) Meadow Mo