

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

Do not use this space.

28620

**1. PLACE OF DEATH**

12 County Bethel Registration District No. 89  
Township Payson Bluff Primary Registration District No. 5731  
City (No. ) St. Ward

File No. \_\_\_\_\_  
Registered No. 141  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Henrietta Halliday  
(a) Residence, No. 7 mi. S. Payson Bluff Mo Ward \_\_\_\_\_  
(Usual place of abode)  
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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr Milton J. Halliday

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 14-1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
70 6 23

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) Milam Mo

FATHER 13. NAME Henry Upchurch

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Milam Mo

MOTHER 15. MAIDEN NAME Elizabeth Smith

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

17. INFORMANT Carl Halliday (ADDRESS) Payson Bluff Mo R.F.

18. BURIAL, CREMATION, OR REMOVAL PLACE Black Creek Cem DATE \_\_\_\_\_ 19

19. UNDERTAKER H. P. Phelps (ADDRESS) Payson Bluff Mo

20. FILED Sept 7, 1932 B. J. Cline Registrar.

**MEDICAL CERTIFICATE OF DEATH**

1. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 6 1932

2. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 7<sup>00</sup> P. m.

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

Pulmonary Tuberculosis Date of onset 2/15-29

23A (5) 23

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? blanoid 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? no

If so, specify \_\_\_\_\_

(Signed) Frank Green Brown M. D.

(Address) Payson Bluff Mo

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.

AUG 24 1932

