

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

Do not use this space.

42935

1. PLACE OF DEATH

County Texas Registration District No. 862
 Township Cabool Primary Registration District No. 4521
 City Cabool (No. _____) St. _____ Ward _____

2. FULL NAME Lonnie Robert Haley

(a) Residence, No. Texas County, Missouri 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 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 Floarnce (Jackson) Haley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10/1873

7. AGE YEARS 39 MONTHS 4 DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pensioner
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 185
 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) Williamson County Tennessee

FATHER 13. NAME James D. Haley
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Williamson County Tennessee

MOTHER 15. MAIDEN NAME Emma Buttery
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Williamson County Tennessee

17. INFORMANT J. O. Haley (ADDRESS) Eaton, Tennessee

18. BURIAL, CREMATION, OR REMOVAL City Cemetary PLACE _____ DATE 12/8/32

19. UNDERTAKER T. R. Burns & Son. (ADDRESS) Willow Springs, Mo.

20. FILED _____, 19____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-2-32

22. 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 _____ m.

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

Instant death was caused by accidental gun shot wound in right throasic cavity which entered his heart, gun being in his own hands.

Other contributory causes of importance _____

Name of operation physical exam Date of 12/3/32
 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? Accident Date of injury 12/2/32
 Where did injury occur? his home Texas Co. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury Gun Shot wound
 Nature of injury shot in right side

24. Was disease or injury in any way related to occupation of deceased? NO
 If so, specify _____ (Signed) M. Edena Corona M. D.
 (Address) Cabool Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

107
6
27

APR 17 1945

1932-10-30
803
4122
30
10

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Texas

Registration District No. 862

File No. _____

Township _____

Primary Registration District No. 521

Registered No. 4

City Abbeot (No. _____)

St. _____ Ward _____

2. FULL NAME

Robert Haley

(a) Residence, No. Texas County St. mo Ward _____

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-2 1932

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE Flourace (Jackson) Haley

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10 - 1893

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____, m.

7. AGE YEARS 39 MONTHS 4 DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.

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

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

Instant death was caused by accidental gunshot wound in right thoracic cavity which entered his heart

Other contributory causes of importance: Gun being in his own hands.

12. BIRTHPLACE (CITY OR TOWN) Williamson Co. Tenn. (STATE OR COUNTRY)

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

13. NAME James D. Haley

14. BIRTHPLACE (CITY OR TOWN) Williamson Co. Tenn. (STATE OR COUNTRY)

15. MAIDEN NAME Emma Cuttrey

16. BIRTHPLACE (CITY OR TOWN) Williamson Co. Tenn. (STATE OR COUNTRY)

17. INFORMANT J. D. Haley (ADDRESS) _____ Tenn.

18. BURIAL (CREMATION, OR REMOVAL) PLACE City Cem. DATE 12/8 1932

19. UNDERTAKER T. R. Byrns (ADDRESS) Willow Springs, Mo.

20. FILED Feb 12 1933 E. R. Dove Registrar.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide. Accident Date of injury 12/2 1932

Where did injury occur? his home Texas Co. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury gun shot wound

Nature of injury shot in right side

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) L. M. Eders M. D. (Address) Abbeot Mo.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

A. If every item of information shown on certificate appears to be correct, a check should be placed in the space provided.

B. If any item of information shown on certificate appears to be incorrect, a check should be placed in the space provided.

C. If any item of information shown on certificate appears to be incorrect, a check should be placed in the space provided.

D. If any item of information shown on certificate appears to be incorrect, a check should be placed in the space provided.

E. If any item of information shown on certificate appears to be incorrect, a check should be placed in the space provided.

F. If any item of information shown on certificate appears to be incorrect, a check should be placed in the space provided.

G. If any item of information shown on certificate appears to be incorrect, a check should be placed in the space provided.

H. If any item of information shown on certificate appears to be incorrect, a check should be placed in the space provided.

I. If any item of information shown on certificate appears to be incorrect, a check should be placed in the space provided.

J. If any item of information shown on certificate appears to be incorrect, a check should be placed in the space provided.

K. If any item of information shown on certificate appears to be incorrect, a check should be placed in the space provided.

L. If any item of information shown on certificate appears to be incorrect, a check should be placed in the space provided.

M. If any item of information shown on certificate appears to be incorrect, a check should be placed in the space provided.

N. If any item of information shown on certificate appears to be incorrect, a check should be placed in the space provided.

O. If any item of information shown on certificate appears to be incorrect, a check should be placed in the space provided.

P. If any item of information shown on certificate appears to be incorrect, a check should be placed in the space provided.

Q. If any item of information shown on certificate appears to be incorrect, a check should be placed in the space provided.

R. If any item of information shown on certificate appears to be incorrect, a check should be placed in the space provided.

S. If any item of information shown on certificate appears to be incorrect, a check should be placed in the space provided.

T. If any item of information shown on certificate appears to be incorrect, a check should be placed in the space provided.

U. If any item of information shown on certificate appears to be incorrect, a check should be placed in the space provided.

V. If any item of information shown on certificate appears to be incorrect, a check should be placed in the space provided.

W. If any item of information shown on certificate appears to be incorrect, a check should be placed in the space provided.

X. If any item of information shown on certificate appears to be incorrect, a check should be placed in the space provided.

Y. If any item of information shown on certificate appears to be incorrect, a check should be placed in the space provided.

Z. If any item of information shown on certificate appears to be incorrect, a check should be placed in the space provided.

S-42935