WHITE PEARLEY, 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.

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

Do not use this space.

912

1. PLACE OF DEATH
County Franklin — Registration District No. 291 — File No.
Township Union — Primary Registration District No. 56 — Registered No.
City Union Mo (No. ..... St. ..... Ward)

2. FULL NAME Francis Marion Halley.
(a) Residence. No. ..... St., ... Ward ..... (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 16 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~~ Laura Halley.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) November 24th 1871

7. AGE: Years 61 — Months 2 — Days — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mount Hope Mo.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Wm Halley.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Nancy Stanleford
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lone Dell Mo
(STATE OR COUNTRY)

14. INFORMANT Laura Halley
(Address) Union Mo.

15. FILED 2/10, 1933 E. R. Stieberger REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 24 1933

17. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1932, to Jan 24, 1933 that I last saw him alive on Jan 24, 1933, and that death occurred, on the date stated above, at 10.30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
~~[illegible]~~ Cancer prostate
510
(duration) yrs. mos. 14 ds.

CONTRIBUTORY (SECONDARY) ~~[illegible]~~ Uremia ~~[illegible]~~ Chronic Myocarditis
(duration) 1 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Home
DID AN OPERATION PRECEDE DEATH? yes DATE OF Jan 22
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Nodules in prostate
(Signed) Louis F. Howe, M.D
Jan 25, 1933 (Address) Union Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Virginia Mines St. Clair Mo — DATE OF BURIAL: 1/27 1933

20. UNDERTAKER: E. F. Oltmann — ADDRESS: Union Mo.