WHITE PLAINE 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.

MAY 22 1933

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

Do not use this space.

1. PLACE OF DEATH
County Clay — Registration District No. 203 — File No. 16041A
Township — Primary Registration District No. 4122 — Registered No. 13
City Smithville (No. ..... St. ..... Ward)

24 8 2

2. FULL NAME Lorenzo Halstead

(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 2 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) widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Adelia "Roll" Halstead

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-31-1852

7. AGE — YEARS 81 — MONTHS 3 — DAYS 9 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) 1918
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

FATHER
13. NAME Samuel Halstead
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Mrs. D. P. Yates Smithville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Smithville, Mo. DATE 5-10 1933

19. UNDERTAKER (ADDRESS) McComas Undertaking Co. Smithville, Mo.

20. FILED 5-9-1933 E. C. Hill Registrar.

2 31 29

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9th, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1933, to ....., 19....
I last saw him alive on May 9th, 1933. Death is said to have occurred on the date stated above, at 1:45 A.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| May 8th 9 P.M. | |
| Chronic Myocarditis | |
| 93C | |
| Other contributory causes of importance: | |
| 10 Senility 93C | |

Name of operation ..... Date of .....
What test confirmed diagnosis? Symptoms 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) L. W. Simmons D.O.
(Address) Smithville Mo.