

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

Do not use this space.

**20138**

**1. PLACE OF DEATH**  
 49 County Wasson Registration District No. 417  
 11 Township Wasson Primary Registration District No. 3021  
 City Wasson (No. 1) St. Wasson Ward 1

**2. FULL NAME** Miles H. Halley (name on clothing)  
 (a) Residence, No. Unknown St. Wasson Ward 1  
 (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** Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) Unknown

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

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** Unknown

**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
About 75

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

**9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.** Spun & killed on

**10. Date deceased last worked at this occupation (month and year)** ..... **11. Total time (years) spent in this occupation.** .....  
Highway

**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Unknown

**13. NAME** Unknown

**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** "

**15. MAIDEN NAME** Unknown

**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** "

**17. INFORMANT** (ADDRESS) None

**18. BURIAL, CREMATION, OR REMOVAL PLACE** Webb City DATE 6/29 1933

**19. UNDERTAKER (ADDRESS)** WEBB CITY UNDERTAKING CO.

**20. FILED** 6/28 1933 P. M. Stormont Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** June 24, 1933

**22. I HEREBY CERTIFY** That I attended deceased from June 24, 1933, to June 24, 1933  
 I last saw him alive on June 24, 1933 Death is said to have occurred on the date stated above, at 4:40 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Comp. Fract. of skull  
June 1935  
 Date of onset

Other contributory causes of importance:

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

**23. If death was due to external causes (violence), fill in also the following:**  
 Accident, suicide, or homicide? Accident Date of injury 6/24, 1933  
 Where did injury occur? Unknown (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
Unknown

Manner of injury.....  
 Nature of injury Comp. Fract. skull both sides

**24. Was disease or injury in any way related to occupation of deceased?**  
 If so, specify.....  
 (Signed) W. J. Rogers M.D.  
 (Address) Carbener

CHOICE 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**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Jasper  
Township Jasper  
City Jasper City (No. \_\_\_\_\_)

Registration District No. 417  
Primary Registration District No. 3021

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

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ 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 \_\_\_\_\_ 4. COLOR OR RACE \_\_\_\_\_ 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) \_\_\_\_\_

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) \_\_\_\_\_

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ 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) \_\_\_\_\_

FATHER  
13. NAME \_\_\_\_\_  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

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

17. INFORMANT (ADDRESS) \_\_\_\_\_

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

19. UNDERTAKER (ADDRESS) \_\_\_\_\_

20. FILED \_\_\_\_\_ 19 \_\_\_\_\_ J. L. Loring Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24, 1935

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

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

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

Large skull fracture of skull found dead in road. Means not known  
Date of onset \_\_\_\_\_

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

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? \_\_\_\_\_ (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? \_\_\_\_\_

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

(Signed) \_\_\_\_\_, M. D.

(Address) \_\_\_\_\_

SUPPLEMENTARY

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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