

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

Do not use this space.

22574

1. PLACE OF DEATH

County Moess
Township
City Pleasant Hill (No. St. Ward)

Registration District No. 157
Primary Registration District No. 4091

File No.
Registered No. 21

2. FULL NAME Miss Alliey Hallaway

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 30 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 2 29

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

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) Ind

13. NAME Geo Hallaway

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

15. MAIDEN NAME Alzada L. Day

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

17. INFORMANT D. B. Fields

(ADDRESS) Pleasant Hill

18. BURIAL, CREMATION, OR REMOVAL

PLACE Pleasant Hill DATE July 30 1923

19. UNDERTAKER W. W. Stone

(ADDRESS) Pleasant Hill, Mo.

20. FILED July 30 1923 F. O. Murray M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29, 1923

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1923, to July 29, 1923. I last saw her alive on July 29, 1923. Death is said to have occurred on the date stated above, at 9:30 a.m.

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

Streptococci Throat Infection Date of onset July 26
11:5 A 11:5 A

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? L 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?

If so, specify

(Signed) F. O. Murray, M. D.

(Address) Pleasant Hill, Mo.

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.

AUG 22. 1923

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