WRITE PLAINLY, 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.

AUG 22 1933

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

Do not use this space.

22760

1. PLACE OF DEATH
County Dunklin — Registration District No. 287 — File No.
Township Clay — Primary Registration District No. 5 4 0 4 — Registered No. 36
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Della Williams Haire

(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 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 White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 19-1896

7. AGE — YEARS 36 — MONTHS 8 — DAYS 29 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) Anna Illinois

FATHER
13. NAME George Williams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Anna Ill

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

17. INFORMANT (ADDRESS) Oscar D. Haire Hornersville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cuple DATE July 19 1933

19. UNDERTAKER (ADDRESS) Baldwin Funeral Home Kennett, Mo.

20. FILED 7-19, 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18, 1933

22. I HEREBY CERTIFY That I attended deceased from July 16, 1933, to July 18, 1933
I last saw h..... alive on July 18, 19..... Death is said to have occurred on the date stated above, at 8:30 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Acute Corditis	
(2) Acute Colitis	

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) [signature], M. D.
(Address) .....