

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

Do not use this space.

25470

1. PLACE OF DEATH

County Benton Washington Registration District No. 887
Township Washington Primary Registration District No. 6179
City (No.) St. Ward)

File No.
Registered No. 43

2. FULL NAME

(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

9. MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1, 1933

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

22. I HEREBY CERTIFY That I attended deceased from June 29, 1933, to July 1, 1933.
I last saw her alive on July 29, 1933. Death is said to have occurred on the date stated above, at 7 A m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15 1908

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
25 0 17

Meningitis Date of onset

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

848
77A
8910

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Other contributory causes of importance:
Mastered Process

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) Benton Mo.

13. NAME William Haflner

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

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

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)

15. MAIDEN NAME Cessa Clark

Specify whether injury occurred in industry, in home, or in public place.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan Mo.

Manner of injury _____
Nature of injury _____

17. INFORMANT (ADDRESS) Albert Haflner
Benton Mo.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Benton Mo. DATE 7-3 1933

(Signed) W. C. Russell, M. D.

19. UNDERTAKER (ADDRESS) W. C. Russell
Benton Mo.

(Address) Benton

20. FILED 7-2 1933 Jos. L. Thurman
Registrar.

AUG 6 1933
 Exact statement of OCCUPATION is very important.
 23
 1
 2
 1

