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.

SEP 28 1933

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

Do not use this space.

28514

1. PLACE OF DEATH
100 County Scott
10 Township Oran
3 City Oran

Registration District No. 820
Primary Registration District No. 4496

File No.
Registered No.

(No. , St. Ward)

2. FULL NAME Maggie Halter

(a) Residence, No. City 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 female
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 Louis B. Halter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20 1888

7. AGE YEARS +5 MONTHS 1 DAYS 3 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. Housewife
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) Morley Mo

FATHER
13. NAME Franklin B. Tett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER
15. MAIDEN NAME Mary Sue Phelps
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Logan Co. Kentucky

17. INFORMANT (ADDRESS) Louis B. Halter Oran

18. BURIAL, CREMATION, OR REMOVAL
PLACE Friend Hill DATE 8-25 1933

19. UNDERTAKER (ADDRESS) Charleston Furn. Co Charleston, Mo

20. FILED 9/9 1933 [signature] Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 23 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 1933, to 8/23 1933.
I last saw her alive on 8/14 1933 Death is said to have occurred on the date stated above, at 1 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	8/22/33
94B	
10B 94B	

Other contributory causes of importance:
Hypertension (220 B.P.) cause not ascertained

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? X Date of injury X, 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) J A Cline, M. D.
(Address) Oran Mo