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.

NOV 10 1933

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

Do not use this space.

35087

File No. 9301

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis (No. 2215a Adams St. Ward)

Registration District No. 781

Primary Registration District No. 1083

2. FULL NAME Edward Halley

(a) Residence, No. 2215a Adams St., W 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Col	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-20-1926

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
7	4	5	

OCCUPATION

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

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) St Louis (STATE OR COUNTRY) Mo

FATHER

13. NAME Chas. Halley

14. BIRTHPLACE (CITY OR TOWN) Montgomery (STATE OR COUNTRY) Ala

MOTHER

15. MAIDEN NAME Carrie Lane

16. BIRTHPLACE (CITY OR TOWN) Abbeville (STATE OR COUNTRY) Miss

17. INFORMANT Chas. Halley (ADDRESS) 2215a Adams St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE Oct 28th 1933

19. UNDERTAKER Eiby Reed and Co. (ADDRESS) 2722 Locust

20. FILED Oct 28 1933, 19

J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-26, 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-22, 1933, to 10-26, 1933

I last saw him alive on 10-24, 1933. Death is said to have occurred on the date stated above, at 2:20 a.m.

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

	Date of onset
Broncho Pneumonia	
107A	

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) 3202 Sarpy Ave St Louis Mo