

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

36

County

Franklin
Union

Township

City

(No.

Registration District No.

296

Primary Registration District No.

5418

File No.

8506

Registered No.

St.

Ward)

2. FULL NAME

Seraphine Halde

(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

Female

4. COLOR OR RACE

White

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

Single

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

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

June 27, 1891

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ... hrs.
or min.

OCCUPATION

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

Housework.

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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Beaufort Mo.

FATHER

13. NAME

John Halde

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

Beaufort Mo.

MOTHER

15. MAIDEN NAME

Mary Biely

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

Beaufort Mo.

17. INFORMANT
(ADDRESS)Lawrence Halde
Beaufort Mo.

18. BURIAL, CREMATION, OR REMOVAL

St. Joe Cath. Cem.

DATE March 6, 1934

19. UNDERTAKER
(ADDRESS)Emil W. Terrence
Beaufort Mo.

20. FILED

3/10

1934

John R. Marshall
Registrar

MEDICAL CERTIFICATE OF DEATH

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

Mar 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from

Jan 25, 1934, to Mar 4, 1934

I last saw him alive on Mar 3, 1934

Death is said

to have occurred on the date stated above, at 7:2 a.m.

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

Chronic Interstitial
Nephritis.

Date of onset

Not

known

Other contributory causes of importance

Name of operation

Date of

What test confirmed diagnosis? Urinary

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

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)

M. D.

(Address)

Beaufort Mo

