

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

Do not use this space.

1. PLACE OF DEATH

49 County Jasper Registration District No. 406
Township Jennings Primary Registration District No. 5560
City Butterfield Webb City St. _____ Ward _____

File No. 9310
Registered No. 1

2. FULL NAME Willard J. Halle

(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 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Jennie Halle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 7 27

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

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) Hastings Michigan

13. NAME Thos. Halle

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

15. MAIDEN NAME Rosetta Jaber

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jennings new York

17. INFORMANT (ADDRESS) Mrs. H. J. Hendstone
Butterfield Webb City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rich Cemetery DATE May 14, 1934

19. UNDERTAKER (ADDRESS) F. M. Matney
Webb City, Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1933, to March 12, 1934
I last saw him alive on March 12, 1934. Death is said to have occurred on the date stated above, at 9:30 P.M.
The principal cause of death and related causes of importance were as follows:

Cardiac collapse
following influenza
Other contributory causes of importance: None

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? NO
If so, specify _____
(Signed) W. B. Matthews M.D.
(Address) Webb City, Mo.

B.—Every item of information should be carefully supplied. **CAUSE OF DEATH** in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registrar

