

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

Do not use this space.

16530

1. PLACE OF DEATH

County Howell Registration District No. 384
Township West Plains, Mo Primary Registration District No. 4227
City West Plains, Mo (No.) St. Ward

File No.
Registered No.
St. Ward

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

3. SEX FW 4. COLOR OR RACE Wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 5-185

7. AGE YEARS 82 MONTHS 4 DAYS 1 IF LESS than 1 day, hrs. or min.

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

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) Jennings

13. NAME Jerry Allison

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

15. MAIDEN NAME Brown

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

17. INFORMANT (ADDRESS) Mrs. Matt Haemel West Plains, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Overgreen DATE 5/7-1934

19. UNDERTAKER (ADDRESS) Robertson Mortuary West Plains, Mo

20. FILED 5-7 1934 Vida W. Simmons Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/6-1934

22. I HEREBY CERTIFY, That I attended deceased from 7-30-1934 to 5-6-1934

I last saw him alive on 5-6-1934. Death is said to have occurred on the date stated above, at 5:58 p.m.

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

Chronic Myocarditis
General Atherosclerosis
936
106 A A B C
acute bronchitis

Date of onset 4-29-34

Name of operation Exam Date of
What test confirmed diagnosis? Exam 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 , 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) E. Claude Bohner, M. D.
(Address) West Plains, Mo

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.

JUN 22 1934

