

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

Do not use this space.

17073

1. PLACE OF DEATH

County Jackson
Township Crawie
City (No.) (No.) (Ward)

Registration District No. 400
Primary Registration District No. 5553B

File No.
Registered No. 94 (Ward)

2. FULL NAME Louis Hadley

(a) Residence, No. Jackson Oakley Home 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-18-1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 5 19

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

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) Kansas

13. NAME John W. Hadley

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS) J W Statton

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE May 9 34

19. UNDERTAKER (ADDRESS) Mrs C. L. Forester
H.C. Mo.

20. FILED May 7 1934 William J. Fields
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-7, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934, to 5-7, 1934
Last saw him alive on 5-6, 1934 Death is said

to have occurred on the date stated above, at 2 am.
The principal cause of death and related causes of importance were as follows:

senile debility
162

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? clinical 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) J W Greener, M. D.
(Address) Independence 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

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