

JUN 29 1934

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

Do not use this space.

1. PLACE OF DEATH

County *Warren*
Township *Shorell*
City (No.) St. Ward

Registration District No. *868*
Primary Registration District No. *6149*

File No. *22911*
Registered No. *29*

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 *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb. 12, 1900*
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. *32 2 23*
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farming*
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) *June 2/34* 11. Total time (years) spent in this occupation *23 1/2*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Loneyville, W. Va.*
13. NAME *John Halliday*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Idaho*
15. MAIDEN NAME *McKee*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Idaho*

17. INFORMANT (ADDRESS) *Benson Halliday, Fishing, Mo.*
18. BURIAL, CREMATION, OR REMOVAL PLACE *Bone Creek Cem.* DATE *6/6 1934*
19. UNDERTAKER (ADDRESS) *Barton McKimney, Fishing, Mo.*
20. FILED *6/7 1934* *A. L. Reed* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 5, 1934*
22. I HEREBY CERTIFY, that I attended deceased from *June 2, 1934*, to *June 5, 1934*
I last saw him alive on *June 4, 1934*. Death is said to have occurred on the date stated above, at *7 a. m.*
The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia Date of onset *6/3/34*
13E
109A
Other contributory causes of importance: *Flu* *6/2/34*

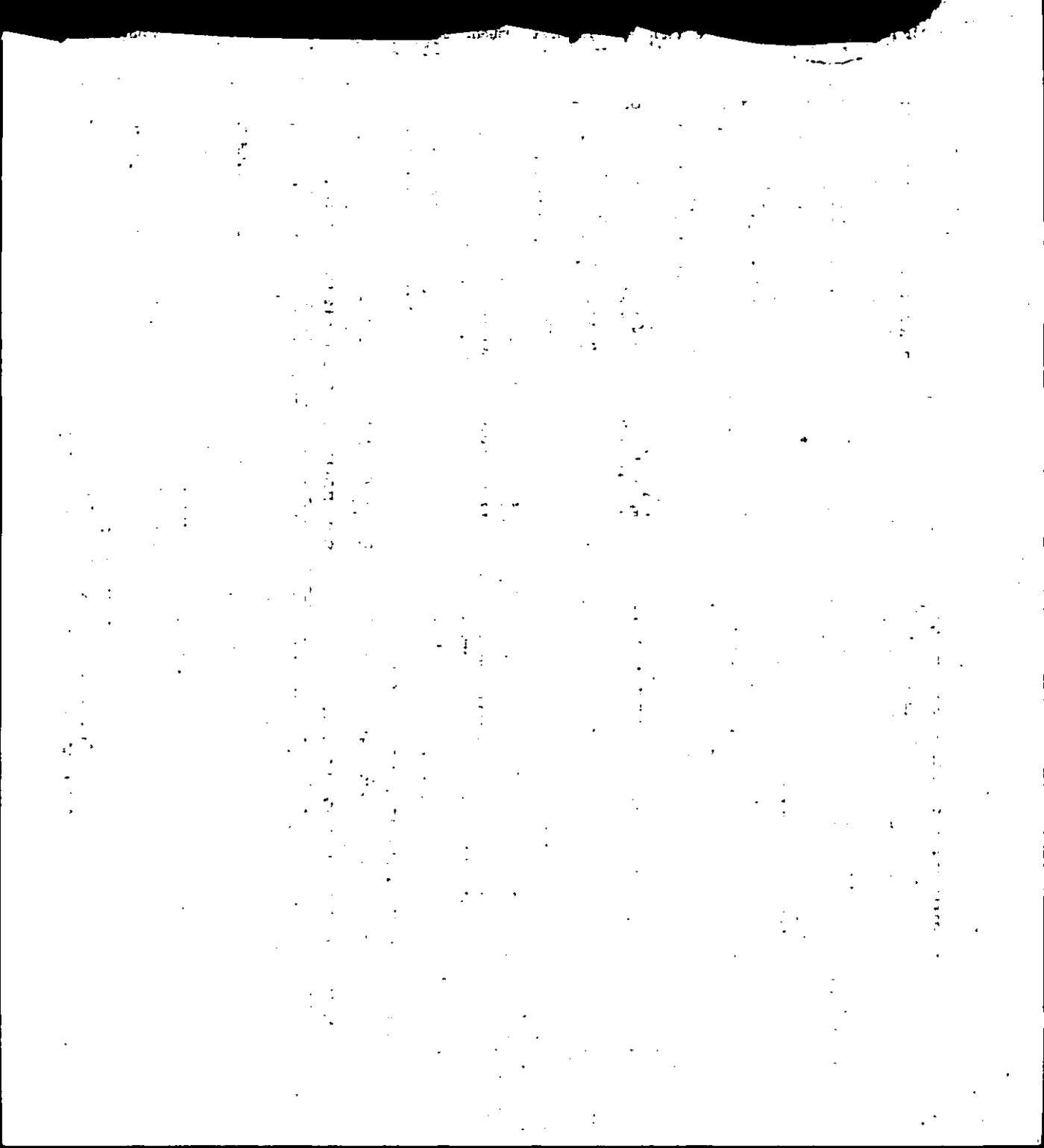
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) *A. L. Reed* M. D.
(Address) *Fishing, Mo.*

N. B.—CAUSE OF DEATH



DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

22

#2
Texas

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: De Ross Halley
Who died at _____ on June 5 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex m Color or race w Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 32 Months 2 Days 23

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month 13 Year 34
Birthplace (State or country) _____
Birthplace of father (State or country) _____
Birthplace of mother (State or country) _____
Principal cause of death: Pneumo pneumonia

Other contributory causes of importance Flu - bloody
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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 _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician _____
Address of physician _____

Signature of Registrar: H. L. Reed

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 868
Primary Reg. Dist. No. 6149
Very truly yours,
E. T. McGaugh M.D.
Special Agent.

Every item of information should be carefully supplied. DEATH in plain text. PHYSICIAN'S should state

S-22911

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