

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.

73

SEP 17 1934

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

Do not use this space.

30224

1. PLACE OF DEATH

County Newton Registration District No. 609
Township Buffalo W. Burton County Registration District No. 5809
City (No.) St. Ward)

File No. 83
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 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 Mrs Howard Hailey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 18 - 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
28 6 15

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER 13. NAME M. D. Hailey

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

15. MAIDEN NAME McClos

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

17. INFORMANT Mrs Howard Hailey (ADDRESS) Flagler, Mo. R. 4

18. BURIAL, CREMATION, OR REMOVAL PLACE New Salem Cemetery DATE 8/4/34

19. UNDERTAKER Chas. W. Williams (ADDRESS) Goodman

20. FILED Aug. 20 1934 Dr. E. M. Roseberry Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 3 1934

22. I HEREBY CERTIFY, That I attended deceased from July 28 1934 to Aug 3 1934
I last saw him alive on July 28 1934. Death is said to have occurred on the date stated above, at 6:25 A. M.
The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach

Other contributory causes of importance:

Not known
Name of operation Exploratory Laparotomy Date of operation July 28, 1934
What test confirmed diagnosis? no biopsy 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? in
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? If so, specify no
(Signed) Charles W. Williams M. D.
(Address) Goodman

