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

Do not use this space.

31695

1. PLACE OF DEATH
County Sullivan
Township
City Harris (No. , St. Ward)

Registration District No. 853
Primary Registration District No. 4516

File No.
Registered No. 22

2. FULL NAME John T. Haley

(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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Julia Haley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 19 1864

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
70	1	4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Special Investigator
(b) General nature of industry, business, or establishment in which employed (or employer) Fish and game Department
(c) Name of employer State

9. BIRTHPLACE (CITY OR TOWN) Sullivan Co
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Hampton Poole Haley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Sullivan Co
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Nancy H. James
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Sullivan Co
(STATE OR COUNTRY) Missouri

14. INFORMANT Hampton Haley
(Address) Sverne, Mo

15. FILED Aug 25 1934 Ruth Henderson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 23 1934

17. I HEREBY CERTIFY, That I attended deceased from Aug 23, 1934, to Aug 23, 1934, that I last saw him alive on Aug 23, 1934, and that death occurred, on the date stated above, at 1:45 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS
(Signed) U S Bradley, M. D.
, 19 (Address) Harris, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Harris Mo
DATE OF BURIAL 8-25 1934

20. UNDERTAKER H. J. Martin
ADDRESS Harris Mo

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.