

JUL 17 1935

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

Do not use this space.

15872

1. PLACE OF DEATH
 22 County Christian Registration District No. 184
 4 Township Sparta Primary Registration District No. 4110
 City Ozark (No. _____ St. _____ Ward _____)
 62. FULL NAME William S. Halland
 (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) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 19 - 1863
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
72 8 19
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Business
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
 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) Mo.
 MOTHER 13. NAME James Halland
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn
 15. MAIDEN NAME Anna Jones
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn
 17. INFORMANT Nora Halland (ADDRESS) Ozark Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Sparta DATE May 9 1935
 19. UNDERTAKER B. G. Klepper (ADDRESS) Ozark Mo.
 20. FILED July 9 1935 Loretta Leonard Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8 1935
 22. I HEREBY CERTIFY, That I attended deceased from Apr 19 1935 to May 8 1935
 I last saw him alive on May 7 1935. Death is said to have occurred on the date stated above, at 8:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset Apr 17-20
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 Other contributory causes of importance:
Cardiovascular renal disease 1912
 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) R. R. Farthing M. D.
 (Address) Ozark 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.

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