

SEP 24 1935

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

Do not use this space.

27166

1. PLACE OF DEATH

County New Madrid Registration District No. 1133 File No.
Township Carleton Primary Registration District No. 5799A Registered No. 12
City (No.) St. Ward (No.)

2. FULL NAME

Dwight Linnard Halland
(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) ✓
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25-1935
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. Qu... 29

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-27-1935
22. I HEREBY CERTIFY, That I attended deceased from Aug. 14-1935 to Aug 27-1935.
I last saw him alive on Aug 18-1935 Death is said to have occurred on the date stated above, at 9 4/5 a.m.
The principal cause of death and related causes of importance were as follows:

OCCUPATION
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 ✓

Principal cause of death: Corporal
Stomach
10/10
Date of onset: 8/14/35
Other contributory causes of importance: ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mathias, Mo.
13. NAME Dwight Halland
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newberry, Ind.
15. MAIDEN NAME Hazel Moody
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

Name of operation none Date of no
What test confirmed diagnosis blood Was there an autopsy? no
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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.

17. INFORMANT Dwight Halland
(ADDRESS) Mathias
18. BURIAL, CREMATION, OR REMOVAL
PLACE Dig. Opening DATE 8-23-1935
19. UNDERTAKER (ADDRESS) ✓
20. FILED Aug 22-1935 Jas D. Koehler Registrar

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. P. Brinkman, M. D.
(Address) Mathias, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

