

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

Do not use this space.

OCT 23 1935

**791  
1003**

30768

**1. PLACE OF DEATH**

County..... Registration District No.....  
 Township.....  
 City..... *St. Louis Mo* (No. *City Hospital No. 2*)  
 St. .... Ward)

File No. .... **7551**  
 Registered No. ....  
 St. .... Ward)

**2. FULL NAME**

(a) Residence, No. .... *Sarah N. Halsey*  
 (Usual place of abode) *3506 - Clark 18th* (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred *4* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <i>Female</i>	4. COLOR OR RACE <i>Colored</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Infant</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Aug. 12<sup>th</sup> 1934</i>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
		<i>11</i>	<i>22</i>	
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			
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis Mo</i>			
	13. NAME <i>Nathaniel Halsey</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ga.</i>			
MOTHER	15. MAIDEN NAME <i>Lurancia Mills</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ga.</i>			
17. INFORMANT (ADDRESS) <i>July Terdesant 7-2945 - Lawrence 13th</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Pathway Burial</i> DATE <i>9-9</i> 19 <i>35</i>				
19. UNDERTAKER (ADDRESS) <i>Cellis Funeral Home 2820 St. Louis</i>				
20. FILED <i>7</i> 1935 19 <i>J. Bredeck</i> Registrar				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept. 4<sup>th</sup> 1935*

22. I HEREBY CERTIFY, That I attended deceased from *9-1-1935* to *9-4-1935*

I last saw her alive on *9-4-1935*. Death is said to have occurred on the date stated above, at *2:35 A.M.*

The principal cause of death and related causes of importance were as follows:  
*Leucic Encephalitis* (Date of onset: *9-1-35*)

Other contributory causes of importance:  
*Acute Gastric Enteritis*

Name of operation..... Date of.....  
 What test confirmed diagnosis? *Clinical* 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?..... (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?  
 If so, specify *James R. Hays, M. D.* (Signed) *2945 - Lawrence* (Address)

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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2  
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