

OCT 30 1935

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

Do not use this space.

## 1. PLACE OF DEATH

County Wayne  
Township Williamsville  
City Williamsville (No. \_\_\_\_\_)

Registration District No. 892  
Primary Registration District No. H-5-41

File No. 31689  
Registered No. 14  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. 1 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 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) July 31 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
3 1 27

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 \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Williamsville (STATE OR COUNTRY) Wayne Co. Mo.

FATHER 13. NAME Walter J. Halladay

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

MOTHER 15. MAIDEN NAME Myra J. Gladden

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

17. INFORMANT Walter J. Halladay (ADDRESS) Williamsville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE W. H. McPherson DATE Sept 30 1935

19. UNDERTAKER Norman W. Gresh (ADDRESS) Williamsville, Mo.

20. FILED Sept 30 1935 Wm. H. McPherson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 28 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 28, 1935, to \_\_\_\_\_, 19\_\_\_\_

I last saw him alive on Sept 28, 1935. Death is said to have occurred on the date stated above, at 8:40 P.M.

The principal cause of death and related causes of importance were as follows:

Infantile Paralysis Date of onset 9/27/35

Other contributory causes of importance: \_\_\_\_\_

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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) O. G. Surgen, M. D.

(Address) Greenville, 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.

