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.

DEC 10 1935

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

Do not use this space.

40545

1. PLACE OF DEATH
County Pemiscot
Township ~~Hayti~~
City Holland, Mo. (No. ..., ... St. ..... Ward)

Registration District No. 655
Primary Registration District No. 4392

File No. .....
Registered No. .....

2. FULL NAME Hallie E. Werden
(a) Residence, No. Wauconda Ill. 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 F
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 Clayton T. Werden

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-19-1877

7. AGE YEARS 58 MONTHS 7 DAYS 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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) (STATE OR COUNTRY) Chicago Ill

FATHER
13. NAME Farris
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D. K.

MOTHER
15. MAIDEN NAME D. K.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D. K.

17. INFORMANT (ADDRESS) Kirk A. Werden Oil City Pa.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wauconda Ill. DATE 12-6-1935

19. UNDERTAKER (ADDRESS) German Undt Co Steele, Mo.

20. FILED 12/7 1935 Max P. Kelley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-3, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Burned in automobile wreck	
Other contributory causes of importance: Collision of Cars	9/1

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? Accident Date of injury 12-3-1935
Where did injury occur? On Highway #61 Holland Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
On Highway #61 Holland Mo
Manner of injury Burn & Collision
Nature of injury Burns & Collision

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) J. W. Rhodes Coroner, M. D.
(Address) Hayti Mo