

MAR 20 1936

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

Do not use this space.

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1. PLACE OF DEATH

County Lawrence Registration District No. 420 File No. _____
Township Mt. Vernon Primary Registration District No. 5-6-33 Registered No. 19
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

O. E. Haley
(a) Residence, No. Mt. Vernon P. O. #14 St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 51 yrs. 6 mos. 7 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 8, 1884
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 6 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm
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) Lawrence Co., Mo.

MOTHER 13. NAME O. K. Haley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

15. MAIDEN NAME Maryetta Ginnings

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence Co., Mo.

17. INFORMANT (ADDRESS) Rich Haley Mt. Vernon Mo. P. O. #14

18. BURIAL, CREMATION, OR REMOVAL PLACE Foot Cem DATE Feb 17 36

19. UNDERTAKER (ADDRESS) Fossatt & Co Mt. Vernon Mo.

20. FILED Feb 15 1936 P. A. Holmes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 15 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 26 1936 to Feb 15 1936
I last saw him alive on Feb 15 1936 Death is said to have occurred on the date stated above, at 11:45 am.

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

Influenza Date of onset 1-26-36

Other contributory causes of importance none

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? no

If so, specify _____

(Signed) P. A. Holmes, M. D.
(Address) Mt. Vernon 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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