

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

Do not use this space.

1. PLACE OF DEATH

County Thurgood
Township Jefferson
City Jefferson (No. St. Ward)

Registration District No. 566
Primary Registration District No. 3030

File No. 16057
Registered No. 56

2. FULL NAME

(a) Residence, No. 209 N. Beaufort St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. 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 ♂ 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lucinda Ann Haley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 18, 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 3 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) Louisiana Mo.

13. NAME Harvey J. Haley

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

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Miss Jane Farrell, Charleston Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE April 12, 1936

19. UNDERTAKER (ADDRESS) Frank Jay Funeral Service, Charleston Mo.

20. FILED 4-12-1936 F. D. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH 12:15 P.M.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr. 9, 1936, to Apr. 11, 1936. I last saw him alive on Apr. 9, 1936. Death is said to have occurred on the date stated above, at 12:15 p.m. The principal cause of death and related causes of importance were as follows:

Cr. Myo Carditis + Cr. Endo Carditis with terminal Collapse + Pulmonary Embolism
Other contributory causes of importance: Septic arterio-sclerosis + Cr. Nephritis (2)

Name of operation Date of What test confirmed diagnosis? 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) W. S. Love, M. D. (Address) Charleston, Mo.

Date of onset 1 or more years ago

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

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.

