

OCT 21 1936

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

Do not use this space.

34772-2

1. PLACE OF DEATH

County Jasper Registration District No. 411 File No. _____
Township Palmer Primary Registration District No. 2002 Registered No. _____
City Drewery (No. Owney, Mo. 5519) St. _____ (Ward)

2. FULL NAME

Ernest L. Half
(a) Residence, No. _____ St. _____ Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 2 mos. 10 da. How long in U. S., if of foreign birth? yrs. _____ mos. _____ da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Leatha Half

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 17, 1909

7. AGE YEARS 27 MONTHS 5 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Powder Mixer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Atlas Powder Co.
10. Date deceased last worked at this occupation (month and year) Sept. 31, 1936 11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iola, Kansas13. NAME J. L. Half14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Kansas15. MAIDEN NAME Mayme C. Bates16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Missouri17. INFORMANT Mrs. Leatha Half (ADDRESS) Drewery, Missouri18. BURIAL, CREMATION, OR REMOVAL PLACE Crematory DATE Sept. 10, 193619. UNDERTAKER Knell Mortuary (ADDRESS) Eastway, Missouri20. FILED 9-10-36 E. D. James Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 6, 193622. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1936 to Sept 7, 1936I last saw him alive on Sept 7, 1936 19____ Death is said to have occurred on the date stated above, at 7:55 P.M.

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

Acute indigestion after eating heavy dinner
Date of onset _____

Other contributory causes of importance:

My man had been ill for about 2 yrs was treated for stomach & heart trouble

Name of operation _____ Date of operation _____

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, town, county, and State)

Specify whether injury occurred in factory, 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) W. G. Hagan, M. D.(Address) Chromey

NOTE.—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.

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

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1. PLACE OF DEATH

County Jasper
Township Malcom
City (No.)

Registration District No. 411
Primary Registration District No. 3569

File No.
Registered No.
St. Ward)

2. FULL NAME

Ernest L. Wolf

(a) Residence, No. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 3 yrs. or min. 27 5 19

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) (STATE OR COUNTRY)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 9-10 1936 Ed D. James Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 6 1936

22. I HEREBY CERTIFY, That I attended deceased from, 19...., to, 19....

I last saw him alive on, 19.... Death is said to have occurred on the date stated above, at, m.

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

Acute indigestion after eating heavy dinner
chronic Endocarditis
No further info. regarding disease of stomach #
Other contributory causes of importance:
This man had been ill for about 2 yrs was treated for stomach & heart trouble

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) W. G. Hogan M. D.
(Address)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SUBJECT INDEXED

S-24772-a