JUL 28 1936

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

Do not use this space.

48468

1. PLACE OF DEATH
County Jasper — Registration District No. 411 — File No.
Township Joplin — Primary Registration District No. 2002 — Registered No.
City (No. J. Main St. Sellers Hotel St., Ward)

2. FULL NAME O'Haley (Unnamed infant)
(a) Residence, No. N. Main St. 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.

Marriage

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

NOB.—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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
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) 6-29-36

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

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) Joplin Mo.

FATHER
13. NAME Henry O'Haley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vine, Ark.

MOTHER
15. MAIDEN NAME Maggie Turner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.

17. INFORMANT (ADDRESS) Henry O'Haley Joplin Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Ball DATE 6-30-36

19. UNDERTAKER (ADDRESS) Hilfred Funeral Home Joplin Mo

20. FILED 7-3-36 Ed D. Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-29-1936

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1936, to June 29, 19.... I last saw him alive on June 29, 1936. Death is said to have occurred on the date stated above, at 9:30 P.m.
The principal cause of death and related causes of importance were as follows:

Premature Birth 8½ months
Strangulation of umbilical cord

Date of onset

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
Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Harry D. Marbough M.D.
(Address) 323 1/2 Main Joplin Mo