

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.

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

Do not use this space.

FEB 16 1937

2  
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1. PLACE OF DEATH  
 36 County Franklin Registration District No. 296  
 7 Township Union Primary Registration District No. 4180  
 2 City Union (No. \_\_\_\_\_, \_\_\_\_\_ St. \_\_\_\_\_ Ward)

2. FULL NAME Shirley May Hafley  
 (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.

866

File No. \_\_\_\_\_  
 Registered No. 3

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ( <i>writes the word</i> ) <u>Single</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 18 1935</u>			
7. AGE YEARS <u>1</u>	MONTHS <u>2</u>	DAYS <u>21</u>	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
MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Union Missouri</u>		
	13. NAME <u>Harvey Hafley</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mount Sterling Missouri</u>		
	15. MAIDEN NAME <u>Verda Lewis</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Clair Missouri</u>			
17. INFORMANT <u>Harvey Hafley</u> (ADDRESS) <u>Union, Mo.</u>			
18. BURIAL, CREMATION, OR REMOVAL <u>Oak Hill Cemetery</u> PLACE <u>St. Clair, Mo.</u> DATE <u>I/II</u> 19 <u>37</u>			
19. UNDERTAKER <u>Union Furniture Co.</u> (ADDRESS) <u>Union, Mo.</u> By <u>Wm H. Horn</u>			
20. FILED <u>Feb 31</u> 19 <u>37</u> <u>W. Marshall</u> Registrar			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 9 1937  
 22. I HEREBY CERTIFY, That I attended deceased from Jan 2 1937 to Jan 9 1937  
 I last saw him alive on Jan 9 1937. Death is said to have occurred on the date stated above, at 2.40 p m  
 The principal cause of death and related causes of importance were as follows:  
Ribon Pneumonia  
 Date of onset Jan 2 1937  
 Other contributory causes of importance: None  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Al. 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) W. Marshall, M. D.  
 (Address) Union, Mo.

