

MISSOURI STATE BOARD OF HEALTH

MAY 31 1937

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Scotland
Township Jesspersen
City Memphis, Mo. (No. _____) (St. _____) (Ward _____)

Registration District No. 810
Primary Registration District No. 4488

File No. 17715
Registered No. 28

2. FULL NAME

Lydia Ann Haley
(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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1855 Mar 7

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1937, to April 18, 1937
I last saw him alive on April 15, 1937. Death is said to have occurred on the date stated above, at 3 P. m.

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

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

Cerebral Hemorrhage Date of onset _____

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 _____

Other contributory causes of importance: High Blood Pressure

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Linn County, Ia

13. NAME Isaac Roger

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

15. MAIDEN NAME Eizabeth Suork

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

17. INFORMANT Edith Ralff (ADDRESS) Memphis Mo

18. BURIAL, CREMATION OR REMOVAL PLACE Bushy Branch DATE 4/20 37

19. UNDERTAKER Payne & Sons (ADDRESS) Memphis Mo

20. FILED April 22, 1937 C. E. Conner Registrar

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) James A. Mitchell, M. D.
(Address) Memphis Mo

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

