

JUL 29 1937

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

Do not use this space.

24178

1. PLACE OF DEATH

County Linn Registration District No. 498
Township 1 Primary Registration District No. 4301
City Bushlin (No.) St. Ward

File No. 7
Registered No.

2. FULL NAME William Estle Halt-

(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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19 1917

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
19 11 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Polisher
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) Bushlin Mo

13. NAME Perry Halt

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

15. MAIDEN NAME Esther Foster

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

17. INFORMANT (ADDRESS) Perry Halt Bushlin Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bushlin DATE June 18 1937

19. UNDERTAKER (ADDRESS)

20. FILED 6-18-1937 L. Cantwell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17 1937

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

I last saw h. alive on , 19 . Death is said to have occurred on the date stated above, at 6 P. m.

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

Gun shot wound to head (Self inflicted)

Other contributory causes of importance:

Name of operation Date of 167

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 suicide Date of injury June 17, 1937

Where did injury occur? Bushlin Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Street

Manner of injury Gun shot wound

Nature of injury Gun shot wound to head

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John S. Suggs, M. D.

(Address) Parent of Linda Brownfield Mo

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

