

JUL 31 1937

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

Do not use this space.

25012

1. PLACE OF DEATH

County Scott Registration District No. 820
Township Galumna Primary Registration District No. 4496
City Jordan (No. _____) St. _____ Ward _____

2. FULL NAME

Mrs. Flora Halter
(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 Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 25 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. _____ min.
84 3 8

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

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) Germany

13. NAME Andrew Halter

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

15. MAIDEN NAME Don't Know

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

17. INFORMANT Tom Halter
(ADDRESS) Jordan Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oran Mo DATE 7/16 1937

19. UNDERTAKER Bisplinghoff & Hubbard
(ADDRESS) Charle Mo

20. FILED 7/9 1937 J. P. Sherman
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/3 1937

22. I HEREBY CERTIFY, That I attended deceased from 6/23 1937 to 7/3 1937
I last saw her alive on 6/30 1937 Death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:
Acute Endocarditis Date of onset 1937

Other contributory causes of importance: None

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? No

If so, specify _____

(Signed) J. A. Cline M. D.

(Address) Oran Mo

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.

