OCT 22 1937

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

Do not use this space.

39

1. PLACE OF DEATH

County: Greene — Registration District No.: 318 — File No.: 34279

Township: Campbell — Primary Registration District No.: 5440 ~~2001~~ — Registered No.: 904

City: Springfield (No. 1 U. S. Federal Hospital St. ..... Ward)

2. FULL NAME HALBERT, Floyd

(a) Residence, No. ..... St., 9 Ward. Chicago, Illinois
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 3 mos. 0 ds. How long in U. S., if of foreign birth? - yrs. - mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 21, 1910

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
27 ✓	27	2	21	

OCCUPATION

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

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) DK

11. Total time (years) spent in this occupation DK

220

2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Falls City, Nebr.

FATHER

13. NAME Louis Halbert

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

23

MOTHER

15. MAIDEN NAME Helen (Andrica) Halbert

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

23

17. INFORMANT (ADDRESS) Deceased

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE Falls City Nebr DATE Sept. 13 1937

19. UNDERTAKER (ADDRESS) Alma Lohmeyer Funeral Home Springfield, Mo

20. FILED Sept 13 1937 Chas A George M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 12 1937

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1937, 19..., to Sept. 12, 1937, 19...

I last saw him Deal Sept. 12, 1937, 19... Death is said to have occurred on the date stated above, at 8:15 a.m.

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

Strangulation by Hanging self

Date of onset

165

Other contributory causes of importance:

Dementia Precox
Drug addict

Name of operation None Date of -

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury Sept 12, 1937

Where did injury occur? U. S. Hospital (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. U. S. Federal Hospital

Manner of injury Suicide by hanging

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. P. Ferguson Coroner, M. D.

(Address) 542 Med Arts Bldg

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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