NOV 22 1937

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

Do not use this space.

1. PLACE OF DEATH
County: Pemiscot
Township:
City: Hayti (No. St. Ward)

Registration District No. 653 2
Primary Registration District No. 4390 1

File No. 38407
Registered No. 95

2. FULL NAME Carrie Lee Hallomon

(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 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 11-9-1906

7. AGE: YEARS 30 MONTHS 11 DAYS 4 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housemaid
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: 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): West Point Miss

FATHER
13. NAME: Will Johnson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): West Point Miss

MOTHER
15. MAIDEN NAME: Nola Weatherspoon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): West Point Miss

17. INFORMANT (ADDRESS): Willie Hallomon Hayti Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Wardell DATE: 10-18, 1937

19. UNDERTAKER (ADDRESS): Mrs. T. J. Smith Hayti Mo.

20. FILED: 10/18, 1937 J. W. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10-13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 10, 1937, to Oct. 13, 1937
I last saw h. alive on Oct. 12, 1937. Death is said to have occurred on the date stated above, at 10:20 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral malaria acute	

Other contributory causes of importance:

NO

Name of operation: Date of:
What test confirmed diagnosis? S.T.S. 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) Attorney, M. D.
(Address) Hayti, 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.