

DEC 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County CallawayRegistration District No. 104Township SultonPrimary Registration District No. 3008City SultonNo. 1St. Mo.Ward 262File No. 40810Registered No. 262

2. FULL NAME

(a) Residence, No. Boyd Smith Halveth St. Mo. 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 M4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 6, 1904

7. AGE

YEARS 32MONTHS 11DAYS 1

If LESS than 1 day, hrs. or min.

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

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) Missouri13. NAME John Halveth14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME Jennie Davidson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT (ADDRESS) Hell Halveth
Columbia, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Hillcrest Cemetery DATE Nov. 8, 193719. UNDERTAKER (ADDRESS) Peck & Madhise
Hillcrest, Mo.20. FILED Nov 9, 1937 R. T. Crews
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/7/37, 1922. I HEREBY CERTIFY, That I attended deceased from 10/28/37, 19, to 11/7/37, 19I last saw him alive on Nov. 6th, 1937, 19. Death is saidto have occurred on the date stated above, at 1 A. m.

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

Septisemia, general, origin on left leg, abrasion, while working in plaster, cement etc. Spreading rapidly through entire system.

Other contributory causes of importance:

Name of operation Incision drainage. Date of 4.5.7. Nov.What test confirmed diagnosis? P.E. 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? Several days before he stopped work about Nov 1st (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. While working in plaster and cementManner of injury Abrasion while at work.Nature of injury Abrasion, infected.24. Was disease or injury in any way related to occupation of deceased? (?.) No way of being certain.If so, specify No way of being certain.(Signed) Greene D. McCall(Address) Sulton Mo.

Date of onset

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

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1
4OCCUPATION
FATHER
MOTHER

194B!

