

DEC 27 1937

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

Do not use this space.

42283

1. PLACE OF DEATH

County Ray Co Registration District No. 914 File No. _____
Township Grape Grove Primary Registration District No. 6235- Registered No. 6
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Benjamin H. Halterman

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

Widowed

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

July - 16 - 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 2 27

OCCUPATION

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

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)

Virginia

13. NAME

Harvey Halterman

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

va.

15. MAIDEN NAME

Don't know

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

Don't know

17. INFORMANT (ADDRESS)

Mrs Emma Vantrump
Harden Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Walden DATE Nov 14 1937

19. UNDERTAKER (ADDRESS)

Jos. W. Knipschild
Harden Mo

20. FILED

Nov 15 1937 H. G. Gant
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 12 193722. I HEREBY CERTIFY, That I attended deceased from Nov 5 1937, to Nov 12 1937I last saw him alive on Nov 12 1937. Death is saidto have occurred on the date stated above, at 5:30 P.M.

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

Influenza

Date of onset

11/1/1937

Other contributory causes of importance:

Arterio-sclerosis
Chronic Nephritis

10 yrs

2 yrs

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.

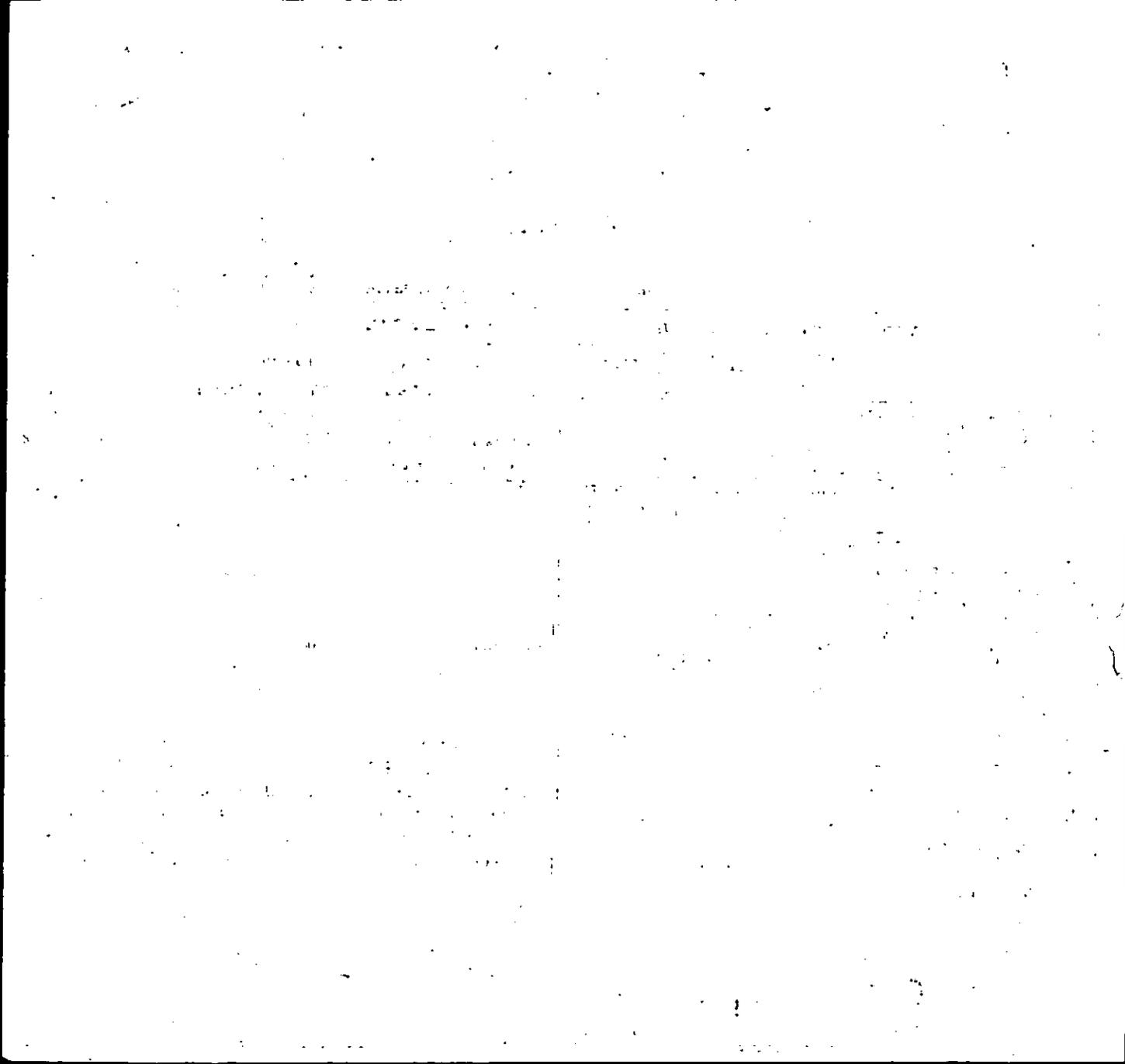
Manner of injury _____

Nature of injury _____

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

If so, specify _____

(Signed) Morris Green 1, M. D.(Address) Harden, Mo.



FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

42283
Do not use this space.

1. PLACE OF DEATH

(a) County Ray Registration District No. 914
 (b) Township Grapt Grove Primary Registration District No. 6235- Registered No.
 (c) City (d) Street No.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Benjamin H. Halterman

(a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 2 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. I don't know
 10. Date deceased last worked at this occupation (month and year) anything 11. Total time (years) spent in this occupation about 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Nov 15 1937 H. E. Gant Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from

to 19..... to 19.....

I last saw him alive on 19..... Death is said

to have occurred on the date stated above, at..... m.

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

Date of onset

Other contributory causes of importance:

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?.....

If so, specify

(Signed) Marion E. Gant, M. D.

(Address) Harden

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

