

Dr. Atkinson

JAN 15 1938

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

Do not use this space.

27

44628

1. PLACE OF DEATH

County Barren
Township Central
City Santha (No. _____) (St. _____ Ward _____)

Registration District No. 44
Primary Registration District No. 5066

File No. _____
Registered No. 11

2. FULL NAME

Benjamin Darst Halfhill

(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 38 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 Martha Jane Halfhill

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 15 1851

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
86 9 18

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

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) Gallia County Ohio

FATHER 13. NAME John Halfhill 31

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

MOTHER 15. MAIDEN NAME Martha Jane

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

17. INFORMANT Chas. C. Halfhill (ADDRESS) Santha, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Santha Cemetery DATE Dec 7th 1937

19. UNDERTAKER Konantz's (ADDRESS) Hamat, Missouri

20. FILED 12-7- 1937 R. S. Locher, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 4th 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 - 1937, to Dec 4 1937

I last saw him alive on Dec 4 1937. Death is said to have occurred on the date stated above, at 8:15 p.m.

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

Bronchial Pneumonia (Date of onset _____)

Other contributory causes of importance:

Name of operation none Date of _____

What test confirmed diagnosis? none 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) J. G. Atkinson, M. D.

(Address) Lamar, 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.

