

JAN 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County Boone

Registration District No. 73

Township Columbia

Primary Registration District No. 3006

City Columbia (No. 1)

St. Mo. Ward 2

2. FULL NAME

MARtha MAYelle HALLOY

(a) Residence, No. 11 N 8th St. Mo. Ward 2

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR WIFE OF Lee Halloy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 11 1885

7. AGE YEARS 52 MONTHS 4 DAYS 5 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Homemaker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Homemaker
10. Date deceased last worked at this occupation (month and year) 2/25 11. Total time (years) spent in this occupation 10 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne Co mo

13. NAME S-H. Hood

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

15. MAIDEN NAME Sarah Twidwell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne Co mo

17. INFORMANT Lee Mallery (ADDRESS) 4 N 8th Columbia mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Piedmont Masonic Cem DATE Dec 17 1937

19. UNDERTAKER R. O. Wiggins (ADDRESS) Columbia Mo

20. FILED 12/16/37 Allie Selby Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 16 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 11 1937 to Dec 16 1937

I last saw him alive on Dec 11 1937, 19 37 Death is said to have occurred on the date stated above, at 6:40 Am

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

Broncho-pneumonia
Chronic arthritis,
cause unknown

Name of operation 10/10 Date of 10/10

What test confirmed diagnosis? 10/10 Was there an autopsy? 10/10

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? 10/10 Date of injury 10/10

Where did injury occur? 10/10 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. 10/10

Manner of injury 10/10

Nature of injury 10/10

24. Was disease or injury in any way related to occupation of deceased? 10/10

If so, specify 10/10 (Signed) Robert H. Simpson, M. D. (Address) Columbia, Mo.

44684

File No. 273

Registered No. 273

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.

