

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.

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

3849
Do not use this space.

1. PLACE OF DEATH
 (a) County Wandolph Registration District No. 733
 (b) Township Huntsville Primary Registration District No. 4438 Registered No.
 (c) City Huntsville (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 WILLIAM THOMAS HALEY 400
 (a) Residence, No. Huntsville Mo 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED MATHIS
 HUSBAND OF Fredrick Haley
 (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 3, 1866
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 0 29

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Blacksmith
 9. Industry or business in which work was done, as 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) Illinois
 13. NAME Clay Haley
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon County
 15. MAIDEN NAME Sarah Rutherford
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon County

17. INFORMANT D. H. Haley
 (ADDRESS) Huntsville, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Huntsville, Mo. DATE Jan. 4, 1938

19. FUNERAL DIRECTOR Tom B. Patton
 (ADDRESS) Huntsville, Mo.
 20. FILED Feb 10, 1938 Mrs. A. A. Barnhart
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-2, 1938
 22. I HEREBY CERTIFY, That I attended deceased from December, 1927, to Jan 2, 1938
 I last saw him alive on December 24, 1927. 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:

Acute Myocarditis
gout
 Other contributory causes of importance:
Arteriosclerosis
Paralytic stroke
 Date of onset 4 years Dec 29 37

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? no
 If so, specify D. H. Johnston Del. M. D.
 (Signed) Huntsville, Mo.
 (Address) Huntsville, Mo.

RECEIVED

FEB 28 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)