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.

REC'D AUG 11 1938

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

Do not use this space.

1. PLACE OF DEATH
County St Clair — Registration District No. 769 — File No. 26380
93 Township — Primary Registration District No. 6015 — Registered No.
City (No. , St. Ward)

2. FULL NAME John William Hallford 41
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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): Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 10, 1863
7. AGE: YEARS 75 — MONTHS 2 — DAYS 19 — If LESS than 1 day, hrs. or min.

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.: carpenter
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation: 43

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): California Missouri

FATHER
13. NAME: G. L. Hallford
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): California Missouri

MOTHER
15. MAIDEN NAME: Melissa Suggs.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): California Missouri

17. INFORMANT (ADDRESS): Mrs. A. B. Zener Tiffin, Missouri
18. BURIAL, CREMATION, OR REMOVAL
PLACE Oyer Mo DATE July 30, 1938
19. UNDERTAKER (ADDRESS): F. B. Goodrich
20. FILED July 30, 1938 Mrs. J. W. Richardson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 29, 1938
22. I HEREBY CERTIFY, That I attended deceased from July 26, 1938, to July 29, 1938
I last saw him alive on July 29, 1938. Death is said to have occurred on the date stated above, at 6:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis	
46	

Other contributory causes of importance: Had some form of Tumor in Stomach Do not if it was malignant
Name of operation: None Date of
What test confirmed diagnosis? Clin Diag Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury, 19
Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. No
Manner of injury: None
Nature of injury: None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify: No
(Signed) J. W. Richardson M. D.
(Address) Tiffin Mo