

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

Do not use this space.

RECEIVED SEP 23 1938

File No. **30175**

**1. PLACE OF DEATH**

County Stow  
 Township Lincoln  
 City Lincoln (No. ....) St. .... Ward)

Registration District No. 842  
 Primary Registration District No. 1259

Registered No. ....

**2. FULL NAME**

San Haltsclaw, 43 1/2

(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 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

**3. SEX** male **4. COLOR OR RACE** white **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** widowed

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Aug - 18 - 1938

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

**22. I HEREBY CERTIFY, That I attended deceased from** Jan. 1 - 1937, to Aug. - 18 - 1938

I last saw her alive on Aug. - 18 - 1938. Death is said to have occurred on the date stated above, at — m.

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** Don't know

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

**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
about 87.

Cardio-vascular - Renal disease Date of onset 1930

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

**9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.** same

**10. Date deceased last worked at this occupation (month and year)** 1910 **11. Total time (years) spent in this occupation** —

Other contributory causes of importance: senility

**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Don't know

**13. NAME** Don't know

**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** — Don't know

**15. MAIDEN NAME** Don't know

**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Don't know

**17. INFORMANT** Daughter  
 (ADDRESS) Elsey mo.

**18. BURIAL, CREMATION, OR REMOVAL**  
 PLACE Oak Spur DATE 8-18-38

**19. UNDERTAKER** Home Family  
 (ADDRESS)

**20. FILED** 8-20-38 Mrs Ethel Doyett  
 Registrar

Name of operation none Date of —

What test confirmed diagnosis? clinical Was there an autopsy? no

**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 —  
 (Signed) H. D. Warr, M. D.

(Address) Crane mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED  
District Health Officer No. 6,  
District File Number 6-38-108  
Date Filed 9-20-38