DEC 1 9 1938

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

Do not use this space.

40009

File No. 315

Registered No. 668

1. PLACE OF DEATH
County: Pettis
Township:
City: Sedalia (No. , St. Ward)

Registration District No. 668
Primary Registration District No. 3232

2. FULL NAME 94/ John Edward Haeslip

(a) Residence, No. 1012 East 6th St., Ward.
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Stella Haeslip

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 18, 1877

7. AGE: Years 61 | Months 1 | Days 17 | 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. Laborer
10. Date deceased last worked at this occupation (month and year) 11/4/38
11. Total time (years) spent in this occupation

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

FATHER
13. NAME: William Haeslip
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cass County Missouri

MOTHER
15. MAIDEN NAME: Nancy Jane Owens
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cooper County Missouri

17. INFORMANT (ADDRESS): Harwood Haeslip, Beloit, Kansas

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Crown Hill DATE: 11/7/38, 19

19. UNDERTAKER (ADDRESS): Duane Ewing, Sedalia, Mo.

20. FILED 11-7-, 1938 Jean Black Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 5, 1938

I HEREBY CERTIFY, That I attended deceased from November 4, 1938 to November 5, 1938

I last saw him alive on November 5, 1938. Death is said to have occurred on the date stated above, at 9 P.M.

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

	Date of onset
Injury to brain, fractured skull, subdural hemorrhage	36 hrs

Other contributory causes of importance: Injury by a fall from window to concrete floor of basement about 14 feet

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? Accident Date of injury 11/4/1938
Where did injury occur? Hunt & Barber Hdw. Co. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In industry
Manner of injury: Fall to basement floor
Nature of injury: Fracture skull

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify:

(Signed) E. L. Frazier, M. D.
(Address) Sedalia, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12/7/38