

66- JAN 20 1938

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

Do not use this space.

62-2-1-1
42122'

1. PLACE OF DEATH

County Adair
Township 1
City Kirkville (No. 340)

Registration District No. 4
Primary Registration District No. 3001

File No. 42122'
Registered No. 244
St. _____ Ward _____

2. FULL NAME Addie Hazel Headley

(a) Residence, No. 1616 S. Porter 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 Female 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 John Victor Headley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 9, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 11 20

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

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

10. Date deceased last worked at this occupation (month and year) Dec. 20, 1938 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Adair County (STATE OR COUNTRY) Mo.

13. NAME Jacob Alfred Tinsman

14. BIRTHPLACE (CITY OR TOWN) New Harmony (STATE OR COUNTRY) Pa.

15. MAIDEN NAME Sarah Wallace

16. BIRTHPLACE (CITY OR TOWN) DK (STATE OR COUNTRY) Mo.

17. INFORMANT Mrs Carl Sloans (ADDRESS) 1616 S. Porter, K-ville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sloans Point DATE 12/31/38

19. UNDERTAKER Davis Funeral Home (ADDRESS) Kirkville, Mo.

20. FILED Jan 6, 1938 Spencer L. Neemer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1938, to Dec 28, 1938

I last saw him alive on Dec 28, 1938 Death is said

to have occurred on the date stated above, at 11:00 am

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

Broncho Pneumonia Date of onset 12/21/38

Other contributory causes of importance:

Bronchial asthma
Myocarditis
Bronchiectasis
General debility

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? _____

If so, specify Roy M. Hay, DO (Signed) _____, M-D

(Address) Kirkville Mo

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

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.

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RECEIVED

District Health Officer No. 10

District File Number 10-38-807

Date Filed 1-16-38