

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.

1938

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

44746
Do not use this space.

1. PLACE OF DEATH

(a) County Vernon Registration District No. 875
 (b) Township Carter Primary Registration District No. 3039 Registered No. 311
 (c) City Merida (d) Street No. 1013 E. Allison St.
 (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 30 yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Maggie Ellen Hallam

(a) Residence, No. 1013 E. Allison 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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Harry Hallam</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 1, 1890</u>				
7. AGE	YEARS <u>48</u>	MONTHS <u>1</u>	DAYS <u>15</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Invalid</u>			
	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.....			
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Vincent City, Missouri</u>			
	13. NAME <u>Wesley Harless</u>			
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
	15. MAIDEN NAME			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>9</u>				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from 19....., to..... 19.....
 I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 11:40 P.M.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
No Doctor in Charge
 Date of onset

Other contributory causes of importance:
92 W

Name of operation ✓ Date of.....
 What test confirmed diagnosis? Chloroform 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..... Internal

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify.....
 (Signed) M. E. Ferry M. D.
795 (Address) Merida, Mo.

17. INFORMANT Harry Hallam
 (ADDRESS) Merida, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Moore Cemetery DATE Dec 13, 1938

19. FUNERAL DIRECTOR (NAME) F. E. Ferry
 (ADDRESS) Merida, Mo.

20. FILED 12/19, 1938 Allen & Hays
 Local Registrar.

RECEIVED
District Health Officer No. 7
District File Number 1-13-29
Date Filed 1-31-14

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Personally, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed, Lloyd R. Winsett

Licensed Embalmer No. 3857

P. O. Address Newada, Mo

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.)

If this body is not embalmed, above space should be left blank.