

1938 JAN 25 1938

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

Do not use this space.

44866

1. PLACE OF DEATH

County Webster Registration District No. 896
Township Osage Primary Registration District No. 6198
City (No.) St. Ward

2. FULL NAME William P. Haley

(a) Residence, No. St. Ward. (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marie Haley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 14 - 1862

7. AGE YEARS 76 MONTHS 8 DAYS 6 If LESS than 1 day, hrs. or min.

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

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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo O

13. NAME S. P. Haley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

15. MAIDEN NAME Mary Fenton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England (England)

17. INFORMANT (ADDRESS) R. J. O'Riley

18. BURIAL, CREMATION, OR REMOVAL PLACE Cremated DATE 12/21 1938

19. UNDERTAKER (ADDRESS) McMahon Funeral Service

20. FILED Dec 22, 1938 Elizabeth Hughes Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1938, to December 20, 1938

I last saw him alive on November, 1938 Death is said to have occurred on the date stated above, at 7:45 A.M.

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

Coronary Occlusion, Acute (Arteriosclerosis) Date of onset 12/20/38

Other contributory causes of importance: Gen? Arteriosclerosis - Myocardial Insufficiency

Name of operation No 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) CP Macdonnell, M. D. (Address) Marshfield, 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.

