

REC'D MAR 15 1939

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

5751
Do not use this space.

1. PLACE OF DEATH

(a) County Andrew Registration District No. 13
(b) Township Nodaway Primary Registration District No. 5016 Registered No. _____
(c) City _____ (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Charles Earl Halliday
(a) Residence, No. Kansas City Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ethel Halliday

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23 1900

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
38 6 18

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as saw mill, bank, etc. Check Wrighting Company
10. Date deceased last worked at this occupation (month and year) 2-11-1939 Total time (years) spent in this occupation 3

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

13. NAME Fred Halliday
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maggs County Ohio

15. MAIDEN NAME Lumina Noblett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Atchison County Mo.

17. INFORMANT Ralph Halliday (ADDRESS) Hamburg Iowa

18. BURIAL, CREMATION, OR REMOVAL PLACE Hamburg Iowa DATE February 12, 1939

19. FUNERAL DIRECTOR (NAME) E. C. Breit (ADDRESS) Savannah Mo.

20. FILED Feb 15 1939 Miss A. R. King Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 11 1939

22. I HEREBY CERTIFY, That I viewed body attended deceased from Feb. 11, 1939 19....., to 19.....

I last saw him alive on....., 19..... Death is said to have occurred on the date stated above, at 12 noon

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

Shock + internal hemorrhages
Date of onset 2/11/39

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury Feb. 11, 1939
Where did injury occur? U.S. Highway 71, Savannah, Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
U.S. Highway 71 - 6 mi. N. Savannah
Manner of injury automobile accident
Nature of injury Shock + internal hemorrhages

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) J. H. Nichols M. D. O.
(Address) Andrew Co. 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 impor

210 m
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ATTENTION: HEALTH DEPARTMENT
FOR THE DISTRICT OF COLUMBIA
WASHINGTON, D. C.

RECEIVED

District Health Officer No. 117

District File Number 39-19

Date Filed 3/8/39

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,

E. C. Breit

or by

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

Signed E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah 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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

5757
Do not use this space.

1. PLACE OF DEATH

(a) County Andrew Registration District No. 13
(b) Township Notlawany Primary Registration District No. 3016 Registered No. _____
(c) City _____ (d) Street No. _____ 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles Earl Haldaday

(a) Residence, No. _____ 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED DW
(Write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
38 6 18

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

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

FATHER 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Shock and internal hemorrhages Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide Accident Date of injury 2-11-39

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 automobile accident

Nature of injury collision with motor bus

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify

(Signed) J. H. Nichols M.D.

(Address) Helena, Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

