REC'D MAR 21 1939

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

7599
Do not use this space.

1. PLACE OF DEATH
(a) County Randolph 2
(b) Township /
(c) City Moberly
Registration District No. 735
Primary Registration District No. 3034
Registered No. 35
(d) Street No. 625 So. Williams 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.
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2. PRINT FULL NAME William D. Halliburton
(a) Residence, No. 625 So. Williams St.
(Usual place of abode, if no street address, write county or city)
(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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 16th 1852

7. AGE: Years 86 | Months 11 | Days 6 | If LESS than 1 day, ...hrs. or ....min.

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

FATHER
13. NAME: Simeon Halliburton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

MOTHER
15. MAIDEN NAME: Eliza Council
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

17. INFORMANT (ADDRESS): Lloyd Halliburton Moberly Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Moberly, Mo DATE: Feb. 24th, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Mahan and Son Moberly, Mo

20. FILED: Feb 24, 1939 Leah Williams
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 22nd, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1938, to Feb 22, 1939
I last saw h.... alive on Feb 22, 1939. Death is said to have occurred on the date stated above, at 3:00 a.m.
The principal cause of death and related causes of importance were as follows:

Senility

Date of onset

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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? 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) L. Mitchell, M. D.
(Address) Moberly Mo

(Licensed Embalmer's Statement on Reverse Side)

Exact statement of OCCUPATION is very important. Any alteration or erasure may be properly questioned.

RECEIVED
District Health Officer No. 10
District File Number 10-39-422
Date Filed MAR 10 1939

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, ...

....., or by .....

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

Signed Frank S DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co with the above constitutes grounds for revocation of license.)

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