

AUG 10 1939

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

25153

Do not use this space.

## 1. PLACE OF DEATH

(a) County Butler Registration District No. 89  
(b) Township 1 Primary Registration District No. 3007  
(c) City Paplar Bluff (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

## 2. PRINT FULL NAME

430 Mark Cleveland Halsey  
(a) Residence, No. Pascola Mo 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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Julia Halsey</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 22 - 1888</u>		
7. AGE YEARS <u>50</u>	MONTHS <u>8</u>	DAYS <u>14</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farmer</u>		11. Total time (years) spent in this occupation. <u>40 years</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) <u>Apr 19 39</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Batesville Ark</u>		
13. NAME <u>Robert Halsey</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>		
15. MAIDEN NAME <u>Delia Hatchkiss</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Batesville Ark</u>		
17. INFORMANT (ADDRESS) <u>J. L. Halsey P. O. Paplar Bluff Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Paragould Ark</u> DATE <u>July 7</u> , 19 <u>39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>H. T. Phelps Paplar Bluff Mo</u>		
20. FILED <u>7/7</u> , 19 <u>39</u> <u>Chute</u> Local Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6, 1939

22. I HEREBY CERTIFY that I attended deceased from July 2, 1939, to July 6, 1939  
I last saw him alive on July 6, 1939. Death is said to have occurred on the date stated above, at 6 P. m.  
The principal cause of death and related causes of importance were as follows:

Nephritis, acuteDate of onset  
7/1/39

Other contributory causes of importance:

Hypertension, Arterial  
Cancer of head of pancreas  
& hepatic metastases

?

22

Name of operation None Date of \_\_\_\_\_What test confirmed diagnosis? Clinical Was there an autopsy? No23. 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? NoIf so, specify \_\_\_\_\_  
(Signed) John H. Harnwell, M. D.(Address) Paplar Bluff, Mo

*License*

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**