

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

Do not use this space.

FILED MAR 20 1945

10556

1. PLACE OF DEATH

County St. Francois

Registration District No. 316

Township

Primary Registration District No. 3059

City Bonne Gene Hospital

File No. ....

Registered No. 253

St. .... Ward)

2. FULL NAME

Willard Carl Halbrook

(a) Residence, No. .... St. .... Ward.

(Usual place of abode)

(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 Adelle Halbrook

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7<sup>th</sup> 1908

7. AGE YEARS 36 MONTHS 5 DAYS 5 IF LESS than 1 day, .... hrs. .... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mill man  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. in mines  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) near Flat River, Mo. (STATE OR COUNTRY) U

FATHER 13. NAME Geo. Halbrook

14. BIRTHPLACE (CITY OR TOWN) Reyn Co Mo. (STATE OR COUNTRY) U

MOTHER 15. MAIDEN NAME Mary Daniels

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

17. INFORMANT Adelle Halbrook (ADDRESS) Leadington Mo.

18. BURIAL, CREMATION, OR REMOVAL Woodlawn DATE 12-14-44

19. UNDERTAKER Leadwell Butz (ADDRESS) Flat River, Mo.

20. FILED 12-19 1944 Janet Collins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 12, 1944

22. I HEREBY CERTIFY, That I attended deceased from By Eugene Shuttles, 1944  
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:

Skull Fracture Date of onset  
gun accident; decedent came to his death by injuries received when accidentally falling from cliff underground at the St. Joseph Lead Co. Chicago Division where he was employed as a drill man

Name of operation ..... Date of .....  
What test confirmed diagnosis? 1965 Was there an autopsy? U

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 12-12-1944

Where did injury occur? Chicago, Ill. St. Francis Mo. (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Subsidiary  
Nature of injury Falling from Cliff

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify U  
(Signed) Clarence Daywell M.D.  
(Address) Bonne Gene Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

RECEIVED

Health Officer No. 4  
File Number 345-362  
Date Filed 3-19-45

OCT 19 1945

W. A. Caldwell  
- Licensed Emb. # 3317  
Flat River, Mo