

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

Do not use this space.

20476

1. PLACE OF DEATH

County Harrison Registration District No. 347
 Township Ceesville Primary Registration District No. 5501A
 City Clinton No. 110

File No. _____
 Registered No. 80
 St. _____ Ward _____

2. FULL NAME

P. W. Hallford

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hester A. Hallford
Mrs. Almira

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 15 / 1851

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

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Monette Co
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER J. P. Hallford

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Cooper Co
 (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Hester A. Coyle

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cooper Co
 (STATE OR COUNTRY) Missouri

14. INFORMANT J. P. Hallford
 (Address) Clinton Mo

15. FILED June 16 28 Dr. E. C. Peeler
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-15 1928

17. I HEREBY CERTIFY, That I attended deceased from 6-7 1928, to 6-15 1928
 that I last saw him alive on 6-7 1928, and that death occurred, on the date stated above, at 7:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
uremia, edema of lungs.
92A
1928

CONTRIBUTORY (SECONDARY) mitral regurgitation
 (duration) 1 1/2 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED POA
 IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) G. S. Walker, M. D.
6-16, 1928 (Address) Clinton Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Good Hope Cemetery DATE OF BURIAL 6/17 1928

20. UNDERTAKER James Walker ADDRESS Clinton 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.

WHILE FULFILLING HIS DUTY AS A PERMANENT RECORD

