

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

Do not use this space.

1258

1. PLACE OF DEATH

County Henry
Township
City Clinton (No.)

Registration District No. 347
Primary Registration District No. 3018

File No.
Registered No. 23
St. Ward)

2. FULL NAME

(a) Residence. No. 804 E Seneca St., Ward.
(Usual place of abode)

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 <u>7</u>	4. COLOR OR RACE <u>N</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE of		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov 20 - 1906</u>		
7. AGE	YEARS	MONTHS
<u>22</u>	<u>2</u>	<u>9</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Nurse</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) Clinton Mo
(STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>S P Hallford</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Henry Co</u>
	12. MAIDEN NAME OF MOTHER <u>Fester Coal</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Moniteau Co - Mo</u>

14. INFORMANT S P Hallford
(Address) Clinton Mo

15. FILED Jan. 29, 1929 Dr. E C Peelor REGISTRAR
peel JH.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/29 19 29
17. I HEREBY CERTIFY, That I attended deceased from 1/24 19 29 to 1/29 19 29 and that I last saw h. or alive on Jan 29 1929 and that death occurred, on the date stated above, at 10:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
23A

(duration) 5 yrs. mos. da.
CONTRIBUTORY 31
(SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: ✓

19. Did an operation precede death? no DATE OF ✓
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Sp. Bacilli
(Signed) S. W. Wolcott, M. D.
, 19 (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 Clinton Mo DATE OF BURIAL Jan 31 19 29

20. UNDERTAKER Sporeyson 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.

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EMERGENCY RECORD

1929

