

NOV 15 1934

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

Do not use this space.

38263

1. PLACE OF DEATH

County SullivanRegistration District No. 852Township RollPrimary Registration District No. 6120City Rolla

(No. _____)

St. _____

Ward _____

2. FULL NAME Mary Alvin Hallon

(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 30 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Bennett Martin Hallon</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 12 1851</u>		
7. AGE	YEARS <u>83</u>	MONTHS <u>3</u>
	DAYS <u>10</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	11. Total time (years) spent in this occupation. <u>Life</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housewife</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Oct. 7, 1934</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Waverly Ohio</u>		
FATHER	13. NAME <u>Thomas Martin</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
MOTHER	15. MAIDEN NAME <u>Sarah Sargent</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
17. INFORMANT <u>Mrs Ed Casan</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	<u>Oakwood</u>	DATE <u>Oct 24 1934</u>
19. UNDERTAKER <u>Wiggins & Son</u> (ADDRESS) <u>Milton Mo</u>		
20. FILED <u>Oct 23 1934</u> <u>Cleo Hagan</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 22 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 2 1934 to Oct. 22 1934.
I last saw her alive on Oct. 13 1934. Death is said to have occurred on the date stated above, at 7:35 P.M.
The principal cause of death and related causes of importance were as follows:
Bronchial pneumonia
107 P.
1200
1070
Other contributory causes of importance:
Spinal degeneration
Chronic arthritis - good

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

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) J. S. Montgomery, M. D.
(Address) Milton Mo

Date of onset about Oct 2 1934
Specimen for biopsy

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.

