

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

32013
Do not use this space.

1. PLACE OF DEATH

(a) County Callaway Registration District No. 104
(b) Township Fulton Primary Registration District No. 3008
(c) City Fulton (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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Barhamville 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 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 Mertie Haley
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19, 1867
7. AGE YEARS 72 MONTHS 2 DAYS 17 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Barber & Osteopath
9. Industry or business in which work was done, as saw mill, bank, etc. Physician
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macos County Missouri

13. NAME James Haley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Mary Long

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Hospital Records State Hosp #1 Fulton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Kirkville Mo DATE Sept 7-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Geo F. Wallau Fulton

20. FILED Sept 17 1939 R. D. Crew Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from August 28, 1939, to Sept 6, 1939

I last saw him alive on Sept 6, 1939. Death is said to have occurred on the date stated above, at 8:45 P. M.

The principal cause of death and related causes of importance were as follows:

Chronic Myo. Carditis Date of onset Indefinite

93C

Other contributory causes of importance: Hypostatic pneumonia. 9/6/39

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical path 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? _____

If so, specify _____

(Signed) John J. Blasco, M. D.

(Address) State Hosp #1 Fulton Mo.

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.....

Harold J. Christey

Licensed Embalmer No.

P. O. Address.....

Dutton, Mo.

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.