

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

**32013**  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Cullman Registration District No. 104  
 (b) Township Fulton Primary Registration District No. 3008 Registered No. 246  
 (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. 400 John E. Haley St.  (If nonresident, give city or town and State)  
Barhamville Mo.  
 (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 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 MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
72 2 17  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Barber + Outfitter  
 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 \_\_\_\_\_

**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<sup>15</sup> P. M.  
 The principal cause of death and related causes of importance were as follows:

Chronic Myo. Carditis

Date of onset Individual

Other contributory causes of importance:

Hypostatic pneumonia.

9/6/39

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical judgment 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. Blalock, M. D.  
 (Address) State Hosp. #1, Fulton, Mo.

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

FATHER 13. NAME James Haley

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

MOTHER 15. MAIDEN NAME Mary Long

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

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

18. BURIAL, CREMATION, OR REMOVAL PLACE Kirkville Mo DATE Sept 7-39, 1939

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

20. FILED Sept 7, 1939 R. D. Crews  
Local Registrar.

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

K. 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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**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. ....

*40012*

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.**