

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

Do not use this space.

16309

**1. PLACE OF DEATH**

County Jackson Registration District No. 309  
Township Madison Primary Registration District No. 10  
City Franklin City (No. 2434) Woodland St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 2102  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 2434 Woodland St. 4 Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M. 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 29, 1871

7. AGE YEARS 61 MONTHS \_\_\_\_\_ DAYS 22 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gen. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 237

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) Kansas \_\_\_\_\_

FATHER 13. NAME Jno. M. Haller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. \_\_\_\_\_

MOTHER 15. MAIDEN NAME Elizabeth Porter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky. \_\_\_\_\_

17. INFORMANT (ADDRESS) Marie Haller  
2434 Woodland

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 5/28 1932

19. UNDERTAKER (ADDRESS) Hatkins Bros. - Haller  
1721 Lydia

20. FILED May 25 1932 Dr. M. M. Groves  
Registrar

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/21 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-14 1932, to 5-21 1932

I last saw him alive on 5-27 1932 Death is said

to have occurred on the date stated above, at 60 m.

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

Acute Dilatation of Heart Date of onset 3/19/32  
131  
95B

Other contributory causes of importance:

Chronic Amyloidosis  
nephritis  
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 \_\_\_\_\_, 1932  
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) W. H. Haller, M. D.  
(Address) 1512 N. 5th St.

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.

