

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

Do not use this space.

1. PLACE OF DEATH

County Laclede JAN 20 1935 Registration District No. 213
 Township _____ Primary Registration District No. 3014
 City Jefferson (No. _____) St. _____ Ward _____

File No. 42402
 Registered No. 358

2. FULL NAME

Margie Hallan
 (a) Residence, No. 878 E. McEnty St., Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 18 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 Female
 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 Joe Hallan
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 5 - 1878
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 11 13

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
 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) Paducah Mo

MOTHER FATHER
 13. NAME Sebastian Lindell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No information

15. MAIDEN NAME do

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

17. INFORMANT (ADDRESS) Joe Hallan 878 E McEnty

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter DATE Dec 20 1935

19. UNDERTAKER (ADDRESS) Lawson James Jr Mo

20. FILED 12/20/ 1934 J. W. Bestland M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 18 1934
 22. I HEREBY CERTIFY, That I attended deceased from April 1934 to Dec 18 1934
 I last saw h. e. alive on Dec 18 1934 Death is said to have occurred on the date stated above, at 8:30 m.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of liver
None
 Other contributory causes of importance: None
 Date of onset _____

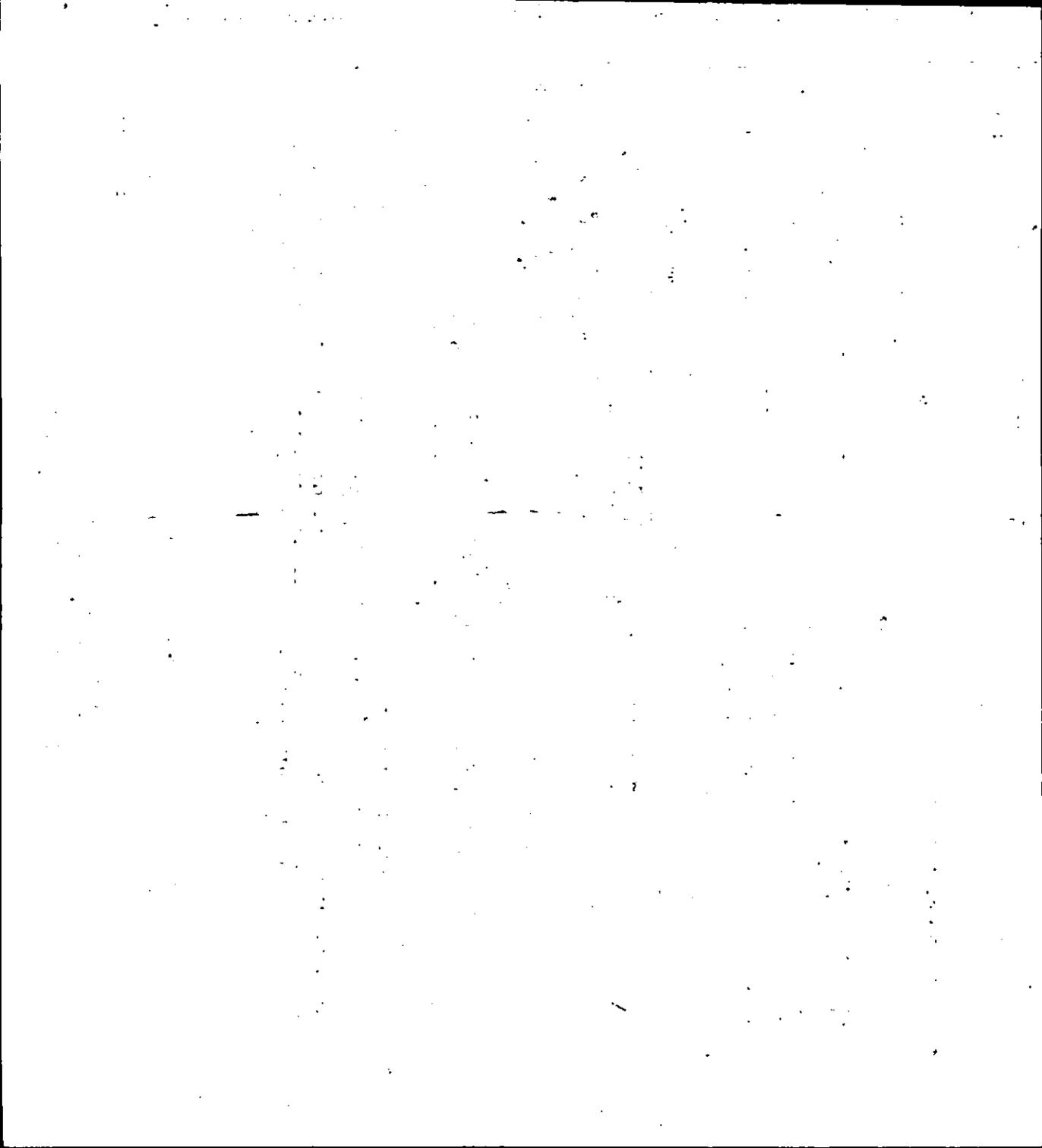
Name of operation _____
 What test confirmed diagnosis? Cardinal myelogram Was there an autopsy? _____

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) Don B. Lake, M.D.
 (Address) Jefferson City Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



Jefferson City, Missouri

January 16, 1935

TO WHOM IT MAY CONCERN:

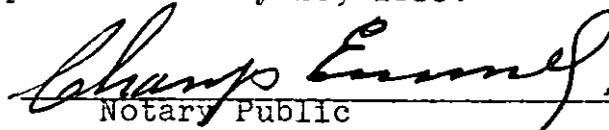
This is to certify Mrs. Aurelia Wallau , deceased ,
was born January 5, 1880 and she was fifty four(54)
years of age at the time of her death, December 18,
1934.


Signature

STATE OF MISSOURI }
COUNTY OF COLE } ss

On the 16th day of January, 1935 before me, the undersigned Notary Public within and for the above named county and state, personally appeared Joe Wallau to me known to be the person described in and who executed the within and foregoing instrument and acknowledged that he executed the same as his free act and deed.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my notorial seal at my office in said county and state aforesaid the day and year first above written. My term expires February 20, 1935.


Notary Public

