

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

Do not use this space.

13 1935

31862

1. PLACE OF DEATH

County Boone Registration District No. 79
Township Boone Primary Registration District No. 5-116
City Boone (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Miss Meddie Evelyn Halekauf

Herman Halekauf -

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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>Herman Halekauf</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 15, 1918</u>		
7. AGE YEARS <u>17</u>	MONTHS <u>8</u>	DAYS <u>28</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House maid</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
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) <u>Boone Mo</u>		
13. NAME <u>Charles Leonard</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Shelbyville Mo</u>		
15. MAIDEN NAME <u>Katie Johnson</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boone Mo</u>		
17. INFORMANT (ADDRESS) <u>Mrs Kate Leonard, Boone Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Perche Cem.</u> DATE <u>Oct 15, 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Barnes & Booth, Surgeon, Boone Mo</u>		
20. FILED <u>Oct 14, 1935</u> <u>E. N. Gentry</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 13, 1935, to 1935, 19____
I last saw h. Y alive on _____, 19____. Death is said to have occurred on the date stated above, at 5:00 p.m.
The principal cause of death and related causes of importance were as follows:
Gun shot wound
Self inflicted.
(Suicide)
Other contributory causes of importance:
None

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 7-13, 1935
Where did injury occur? 5 mi. n. w. Boone Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
In home of employer
Manner of injury Bullet entered near heart
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) E. G. Davis, Coroner
(Address) Boone Mo - 1414 Pine Rd

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.

THIS IS A PERMANENT RECORD

