

N. B.—Every item of information should be carefully supplied. Accuracy of information is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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

Do not use this space.

FEB 19 1936

2000

1. PLACE OF DEATH
 County Lewis Registration District No. 479
 Township La Belle Primary Registration District No. 4288
 City La Belle (No. _____) St. _____ Ward _____

2. FULL NAME James W. Haldeman
 (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 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 Bernice Thompson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 18 1887

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>48</u>	<u>2</u>	<u>21</u>	

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

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

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) Knox Co., Mo.

13. NAME Samuel Haldeman

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

15. MAIDEN NAME Annie Washburn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lewis Co Mo

17. INFORMANT Edith Haldeman (ADDRESS) La Belle Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE La Belle Cemetery DATE July 11 1936

19. UNDERTAKER James H. Hedges (ADDRESS) La Belle Mo

20. FILED 110-1936 J. L. Bowser Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1936 to Jan 9th 1936.
 I last saw him alive on Jan 9th 1936. Death is said to have occurred on the date stated above, at 2:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis with Hypertrophy and Valvular Insufficiency Date of onset _____

Other contributory causes of importance: Hard Cold

Name of operation _____ Name _____ Date of _____
 What test confirmed diagnosis? Physical 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? _____
 If so, specify _____
 (Signed) A. N. Green M. D.
 (Address) La Belle Mo

