

MAR 15 1937

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

Do not use this space.

1. PLACE OF DEATH

1 County Adair Registration District No. 2 File No. 4789
Township Neuman Primary Registration District No. 5002 Registered No. 3
City Neuman (No. 1) St. Neuman Ward 1

2. FULL NAME

Emily Ester Haller
(a) Residence, No. 1 St. Neuman Ward 1
(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

3. SEX Female 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ben Haller
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2, 1882
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 9 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Ill.13. NAME John Paris14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana15. MAIDEN NAME Sarah Addine Myers16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky17. INFORMANT Edgar Paris (ADDRESS) State mo18. BURIAL, CREMATION, OR REMOVAL PLACE Beard Creek Cemetery DATE Feb 14 193719. UNDERTAKER Howell (ADDRESS) Neuman mo20. FILED 2/14 1937 J S Gashiler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/12 193722. I HEREBY CERTIFY, That I attended deceased from Feb 11 1937, to Feb 12 1937I last saw him alive on Feb 11 1937. Death is said to have occurred on the date stated above, at 5-9 m.The principal cause of death and related causes of importance were as follows:
Increase in right
arteriosclerosis of left
ventricle.
Dilatation of mitral valve
officially seen 1/15/37Other contributory causes of importance:
hypertensionName of operation none Date of 1/18What test confirmed diagnosis? clinical. Was there an autopsy? no23. 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) J S Gashiler M. D.
(Address) Neuman mo

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.

WHITE (LEAVE THIS SPACE FOR RECORDING INFORMATION) THIS IS A PERMANENT RECORD

