

MAR 25 1937

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

Do not use this space.

PLACE OF DEATH

County Randolph
Township Cairo,
City Cairo, (No. , St. , Ward)

Registration District No. 729
Primary Registration District No. 6963

File No. 7759
Registered No. 1

2. FULL NAME George Dillard Halliburton,(a) Residence, No. Cairo, Mo. St. Ward

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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 Alma Hutchinson, (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 17-1860

7. AGE YEARS 76 MONTHS 3 DAYS 16 IF LESS than 1 day, hrs. or min.

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

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) Cairo, (STATE OR COUNTRY) MO.

13. NAME Thomas D. Halliburton,

14. BIRTHPLACE (CITY OR TOWN) Nashville, (STATE OR COUNTRY) Tenn.

15. MAIDEN NAME Martha E. Rogers,

16. BIRTHPLACE (CITY OR TOWN) Nashville, (STATE OR COUNTRY) Tenn.

17. INFORMANT Callie Halliburton, (ADDRESS) Huntsville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Huntsville, DATE Jan 3d 1937

19. UNDERTAKER Snow Funeral Home, (ADDRESS) Merbery, Mo.

20. FILED File 10 1937 G. J. P. Allen Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2d 193722. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 .

I last saw h. alive on , 19 . Death is said to have occurred on the date stated above, at 1:30 AM m.

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

Arteriosclerosis Date of onset Acute RenalOther contributory causes of importance: 131Name 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? 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) John P. Allen M. D.
(Address)

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.

