

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

Do not use this space.

1. PLACE OF DEATH **JUN 17 1937**
 County **Chariton** Registration District No. **175** File No. **19774**
 Township _____ Primary Registration District No. **4104** Registered No. **27**
 City **Salisbury** (No. _____) St. _____ Ward _____
 2. FULL NAME **Josie L. Haberley**
 (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 **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 **Albert Haberley**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 30 - 1876**

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|--------|-----------|----------|----------|--|
| | 60 | 6 | 6 | |

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. **Housewife**
 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 COUNTY) **MO**

13. NAME **Henry Douree**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) **MO**

15. MAIDEN NAME **Anna Fieselman**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) **MO**

17. INFORMANT (ADDRESS) **Albert Haberley Salisbury, MO**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Salisbury** DATE **May 9, 1937**

19. UNDERTAKER (ADDRESS) **Geo. B. Wiebe Meyer Salisbury, MO**

20. FILED **JTG** 19 **37** **W. H. Stouten** Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 6, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Nov 28**, 19**36**, to **May 6th**, 19**37**
 I last saw her alive on **May 6, 1937**. Death is said to have occurred on the date stated above, at **7:30 a.m.**
 The principal cause of death and related causes of importance were as follows:

Septico-pyemia
 Date of onset _____

Other contributory causes of importance: **100**
Varicose ulcers & abscessed teeth

Name of operation _____ Date of _____
 What test confirmed diagnosis? **Symptoms & laboratory tests** 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 **3**
 Nature of injury **3**

24. Was disease or injury in any way related to occupation of deceased? **No**
 If so, specify _____
 (Signed) **E. L. Richman M.D.**
 (Address) **Salisbury, 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.

