

14691

REC'D MAY 18 1938

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

1. PLACE OF DEATH

County Green Registration District No. 317
Township Sand Creek Primary Registration District No. 5437
City R.D. 2 Billings Mo (No. 1)

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(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

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James C. Thayer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 24 1850
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 1 38

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 21, 1938
22. I HEREBY CERTIFY That I attended deceased from April 11, 1938, to April 21, 1938
I last saw her alive on April 21, 1938 Death is said to have occurred on the date stated above, at 11:50 p.m.
The principal cause of death and related causes of importance were as follows:
Chronic myocarditis Date of onset _____

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeping
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 1

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carneautville Pa.

FATHER
13. NAME Johnathan Halman

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

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marquette Mass

MOTHER
15. MAIDEN NAME Mary Jane Dorrity

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. _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wilmington Co, Pa

17. INFORMANT (ADDRESS) J. Thayer 1490 Harrisonville Mo

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Hill DATE Apr. 23, 1938

19. UNDERTAKER (ADDRESS) A. S. Wallace 1490 Mo

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify Yes
(Signed) J. H. Brown, M. D.
(Address) Billings, Mo.

20. FILED Apr. 22, 1938 Mrs. Bertha Nance Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

