

REC'D JUN 17 1938

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

18029  
Do not use this space.

1. PLACE OF DEATH

(a) County CLAY Registration District No. 201  
(b) Township LIBERTY Primary Registration District No. 5280  
(c) City LIBERTY (d) Street No. 312 1/2 Registered No. 41  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME WILLIAM E. HALLISSY

(a) Residence, No. LIBERTY MO. St.  (If nonresident, give city or town and State)

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 (OR) WIFE OF KATE HALLISSY

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 78/ 17/ 1870

7. AGE YEARS 66 MONTHS 10 DAYS 2 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. AT HOME  
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) CLAY CO. MO.

FATHER 13. NAME TIM HALLISSY  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND

MOTHER 15. MAIDEN NAME MARY HOWLEY  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND

17. INFORMANT (ADDRESS) KATE HALLISSY  
LIBERTY MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE LIBERTY MO. DATE 5/21/38

19. FUNERAL DIRECTOR (ADDRESS) HESSEL-CARDER  
LIBERTY MO.

20. FILED 5719 1938 18 T Bran Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/19/38

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1938, to May 19, 1938  
I last saw him alive on May 19, 1938 Death is said to have occurred on the date stated above, at 6 AM.  
The principal cause of death and related causes of importance were as follows:

Bright's Disease Date of onset 1937  
Chn. Myocarditis 1936

Other contributory causes of importance:

Name of operation none 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)     , M. D.  
Liberty, Mo (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.

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**