

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

Do not use this space.

2154

1. PLACE OF DEATH
County Moniteau
Township Walker
City Moniteau (No. 571)

Registration District No. 571
Primary Registration District No. 5769

File No. 6
Registered No. 6
St. 6 Ward

2. FULL NAME Amanda L. Haller

(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 Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas Haller

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 15 - 1885

7. AGE YEARS 46 MONTHS 9 DAYS 9 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) 234
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Moniteau (STATE OR COUNTRY)

10. NAME OF FATHER Estie Roberts

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Key (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Sarah Welham

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Laclede Co Mo (STATE OR COUNTRY)

14. INFORMANT Chas Haller (Address) California Mo

15. Jan 26, 1931 Jas W. Roth REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1 - 24 - 1931

17. I HEREBY CERTIFY, That I attended deceased from 1 - 16 - 1931, to 1 - 24 - 1931, and that I last saw her alive on 1 - 24 - 1931, and that death occurred, on the date stated above, at 8 - 10 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage

824 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) A. P. Roberts M. D.

26 - 1931 (Address) California Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Calif Cemetery DATE OF BURIAL 1/26 1931

20. UNDERTAKER

William & Friedman California

