

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

Do not use this space.

13509

1. PLACE OF DEATH

County Shelby
Township Raela
City Raela (No. _____) St. _____ Ward _____

Registration District No. 677
Primary Registration District No. 4403

File No. _____
Registered No. 31

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

OCCUPATION	3. SEX <u>Mr.</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
	5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Pauline Haas</u>		
OCCUPATION	6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 1, 1866</u>		
	7. AGE YEARS <u>70</u>	MONTHS <u>9</u>	DAYS <u>3</u>
	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
OCCUPATION	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)		
MOTHER	11. Total time (years) spent in this occupation		
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wisconsin</u>		
FATHER	13. NAME <u>Fredrick Haas</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
MOTHER	15. MAIDEN NAME <u>Katie Kuhl</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT (ADDRESS) <u>Mrs Tom Haas</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Francis</u> DATE <u>4-6-32</u>			
19. UNDERTAKER (ADDRESS) <u>Harry K. Meador</u>			
20. FILED <u>April 4, 1932</u> <u>Jos. F. Oyer</u> Registrar.			

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1932, to Apr 3, 1932
I last saw him alive on Apr 3, 1932 Death is said to have occurred on the date stated above, at 80 m.
The principal cause of death and related causes of importance were as follows:
Astoria-Sclerosis Date of onset 20
82A
97
Other contributory causes of importance:
Apoplexy
Name 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? Yes
If so, specify _____
(Signed) A. B. Smith, M. D.
(Address) Raela, 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.

MAY 26 1932

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