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.

JUN 2 1927

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

Do not use this space. 10716

**1. PLACE OF DEATH**

County Vernon — Registration District No. 875 — File No.

Township Washington — Primary Registration District No. 6162 — Registered No. 77

City Nevada (No. ..... St. ..... Ward)

**2. FULL NAME** Frank Haas

(a) Residence. No. State Hospital #3 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: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Elizabeth Nippert

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 1/27/1843

7. AGE: Years 84 — Months 1 — Days 23 ~~25~~ — If LESS than 1 day, ..... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Alsace Switzerland

PARENTS

10. NAME OF FATHER: Franz Haas
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): D. K. Switzerland
12. MAIDEN NAME OF MOTHER: D. K.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Switzerland D. K.

14. INFORMANT: Records
(Address): Nevada, Mo

15. FILED 5/19, 1927 E. G. King, REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR): 3/22/ 1927

17. I HEREBY CERTIFY, That I attended deceased from 3/13, 1927, to 3/22/, 1927, that I last saw h. ~~sm~~ alive on 3/22/, 1927, and that death occurred, on the date stated above, at 8:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

82 R

Apoplexy (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) [illegible] (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? No

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Lawrence R. Leidig, M. D.

3/24, 1927 (Address) State Hospital #3

*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: Woodbine Iowa — DATE OF BURIAL: 3/24 1927

20. UNDERTAKER: Turpin — ADDRESS: Nevada