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.

JAN 3 1929

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

Do not use this space.

32738

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 1125

City St. Joseph, (No. 722B North 22nd. St. Ward)

2. FULL NAME Emma Haas,

(a) Residence. No. 722B North 22nd. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Isaac Haas,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 14, 1845

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	82	0	22	

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

9. BIRTHPLACE (CITY OR TOWN) Cincinnati,
(STATE OR COUNTRY) Ohio,

PARENTS

10. NAME OF FATHER Jacob Ehrman,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Germany,
12. MAIDEN NAME OF MOTHER Unknown,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Germany,

14. INFORMANT Mrs. C. M. Michael
(Address) 722B North 22nd. Street,

15. FILED NOV 8 1927 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 6 1927

17. I HEREBY CERTIFY, That I attended deceased from May 30, 1927, to Nov 6, 1927 that I last saw her alive on Nov 6, 1927, and that death occurred, on the date stated above, at 10 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
59
93 C (duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) diabetes Mellitus
(duration) 5 yrs. mos. ds.

57

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) J. F. Owens, M. D

Nov. 7, 1927 (Address) Schneider Bldg.

*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	DATE OF BURIAL
Adath Joseph Cemetery	Nov. 8th 1927

20. UNDERTAKER	ADDRESS
Heaton-Belgole Und. Co. by J. W. Karle	319 S. 10 St.