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

Do not use this space.

5367

1. PLACE OF DEATH

County: Jasper — Registration District No.: 411 — File No.:

Township: ~~Galena~~ — Primary Registration District No.: 2002 — Registered No.: 8

City: Joplin (No. ..... St. ..... Ward)

2. FULL NAME Anna M. Haas

(a) Residence. No. 2120 Va. Ave. St., ... Ward. (If nonresident give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 18 1840

7. AGE: Years 88 — Months X — Days 3 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: retired
(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): Germany

PARENTS

10. NAME OF FATHER: Fiber
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: no record
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): no record

14. INFORMANT (Address): John C. Haas, 2130 Va Ave Joplin MO

15. FILED 2/23, 1928 Dr A Benson Clark, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 2-21-1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1927, to Feb 21, 1928, that I last saw her alive on Feb 21, 1928, and that death occurred, on the date stated above, at 4 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arterial Sclerosis
97 (Senility)
16d (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): 91B (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) H. L. Learning, M. D
2-21, 1928 (Address) Joplin 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: Boonville Ind. — DATE OF BURIAL: 2-27 1928

20. UNDERTAKER: Hurlbrt Und Co — ADDRESS: Joplin 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.

MAR 19 1928

PERMANENT RECORD