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

Do not use this space.

File No. 7666

Registered No. 38

1. PLACE OF DEATH Andrain Co.
County ~~Montgomery~~ Registration District No. 26
Township Mt. Andrain Co. Primary Registration District No. 3002
City Mexico Mo (No. Hospital St. Ward)

Died

2. FULL NAME Daniel M. Haun
(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. 5 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Anna Hart.
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 24 - 1856.
7. AGE: Years 72 | Months 1 | Days 20 | If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN): Near
(STATE OR COUNTRY): Montgomery City Mo

PARENTS
10. NAME OF FATHER: William Coleman Haun
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Rachel Peveler
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Unknown

14. INFORMANT: M. P. Haun
(Address): Montgomery City Mo.
15. FILED: March 16th 1928 Ira S. Milligan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 14 1928
17. I HEREBY CERTIFY, That I attended deceased from Oct 30, 1927, to March 14, 1928, that I last saw him alive on March 14, 1928, and that death occurred, on the date stated above, at 10 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Prostatectomy
137 (duration) yrs. mos. 10 ds.
CONTRIBUTORY (SECONDARY): Enlarged Prostate
135 (duration) 5 yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? Yes. DATE OF March 3
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & operation
(Signed) J. Frank Jolley, M. D
3/15, 1928 (Address) Mexico, 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: New Providence near Montgomery
DATE OF BURIAL: 3/16 1928
20. UNDERTAKER: W. Hopkins
ADDRESS: Montgomery City 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.