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

Do not use this space.

9310

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kan — Primary Registration District No. 1002 — Registered No. 1003
City Kan City (No. 4906 Montgall St. Ward)

2. FULL NAME Minnie M. Haiman
(a) Residence. No. 4906 Montgall 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: Fe
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: Michael Haiman

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 11 - 1848

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
79	7	20	

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) (STATE OR COUNTRY): Germany

PARENTS
10. NAME OF FATHER: John Pelky
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Mrs E. Stringberg
(Address) 4324 Michigan

15. FILED 4/2, 1928 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mch 31 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar 20, 1928, to Apr 1, 1928 that I last saw her alive on Mar 31, 1928, and that death occurred, on the date stated above, at 11-50 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial Pneumonia (duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY): Arteriosclerosis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
4/1 (Signed) F. C. Rumsey, M. D
, 1928 (Address) 406 Northman

*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: Calvary — DATE OF BURIAL: 4/2/28

20. UNDERTAKER: H C Bergman — ADDRESS: City.

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.

Dr F. C. Ramsey.
406- Hirschman Bldg.