

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

Do not use this space.

37813

1. PLACE OF DEATH

County Pettis

Registration District No. 673

Township De Kalb

Primary Registration District No. 5896

City De Kalb (No. R-F-20)

File No.

Registered No.

St. Ward

2. FULL NAME

(a) Residence No. James J. Haniel 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

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

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

Sept 8-1947

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

81

2

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)

(STATE OR COUNTRY)

Mo.

10. NAME OF FATHER

A.P. Haniel

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Don't know

12. MAIDEN NAME OF MOTHER

Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

PARENTS

14. INFORMANT

Mrs J.J. Haniel
(Address) De Kalb

15. FILED

Nov 15, 1928 E.P. Leptovich
REGISTRAR
R. W. J.

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 3 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1928, to Nov 3, 1928
that I last saw him alive on Oct 29, 1928, and that death occurred, on the date stated above, at 9 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

46B Cancer of Stomach
2 1/2 Some months (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) General debility
Some months (duration) yrs. mos. da.

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? None

(Signed) B. P. Hartwright, M. D.

, 19 (Address) Hughesville Mo

*State the DISEASE CAUSING DEATH, or if 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

MT Haniel

DATE OF BURIAL

Nov 5 1928

20. UNDERTAKER

Tillman

ADDRESS

De Kalb

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S signature and CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

