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

Do not use this space.

1901

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.

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 1

Township Kaw — Primary Registration District No. 1002 — Registered No. 494

City Kansas City (No. St. Mary's Hospital St. Ward)

2. FULL NAME Mildred Genevieve Hauber

(a) Residence. No. 2437 Penn St., 3 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	2) MEDICAL CERTIFICATE OF DEATH
3. SEX: Female 4. COLOR OR RACE: White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single	16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 30 1929
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF --------------	17. I HEREBY CERTIFY, That I attended deceased from 1-7, 1929, to 1-30, 1929, that I last saw h er alive on 1-29, 1929, and that death occurred, on the date stated above, at 4 a.m.
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 12 1915	THE CAUSE OF DEATH* WAS AS FOLLOWS:
7. AGE: Years 13, Months 10, Days 17. If LESS than 1 day, ... hrs. or ... min.	Cerebrospinal meningitis Pneumococcic type
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work School--Student (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer	(duration) yrs. 1 mos. ds. CONTRIBUTORY (SECONDARY) Pneumonia, Broncho (duration) yrs. 1 mos. ds.
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri	18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
PARENTS 10. NAME OF FATHER Frank Hauber	DID AN OPERATION PRECEDE DEATH? no. DATE OF —
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri	WAS THERE AN AUTOPSY? Yes. WHAT TEST CONFIRMED DIAGNOSIS? Clinical fungus
12. MAIDEN NAME OF MOTHER Elizabeth Fischer	(Signed) [illegible], M.D. 1-30, 1929 (Address) 400 [illegible] Bldg.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri	*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.
14. INFORMANT F. J. Hauber (Address) 2437 Penn	19. PLACE OF BURIAL, CREMATION, OR REMOVAL: St Marys. DATE OF BURIAL: 2-1 1929
15. FILED 1-31, 1929 M M [illegible] Asst REGISTRAR	20. UNDERTAKER: Luerk & Tobin. ADDRESS: Lin. & Main

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