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

Do not use this space.
5506

MAR 21 1929

1. PLACE OF DEATH
County Buchanan Registration District No. 85
Township Primary Registration District No. 1001
City St. Joseph, (No. 529 North 24th. St. Ward)

File No.
Registered No. 169

2. FULL NAME Anna Hauck,
(a) Residence. No. 529 North 24th. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 15 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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 9, 1849.

7. AGE: Years 79 | Months 6 | Days 1 | If LESS than 1 day, hrs. or min.

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) New Kingston,
(STATE OR COUNTRY) Pennsylvania,

PARENTS
10. NAME OF FATHER Robert A. Heagy,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Cumberland Co
(STATE OR COUNTRY) Pennsylvania,
12. MAIDEN NAME OF MOTHER Unknown,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cumberland Co
(STATE OR COUNTRY) Pennsylvania,

14. INFORMANT C. A. Hauck
(Address) 529 North 24th. Street,

15. FILED FEB 11 1929, 19 John G. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July. 10 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb. 6th, 1929, to Feb 10th, 1929, that I last saw h. alive on Feb. 10th, 1929, and that death occurred, on the date stated above, at 6:50 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobular Pneumonia
10 P.
97 / 10 / 10
(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis
(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
(Signed) John [illegible], M. D
2/12, 19 29 (Address) 328 Kenfelnock Bld.

*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: Mt. Mora (Vault) Cemetery
DATE OF BURIAL: Feb. 12, 19 29

20. UNDERTAKER: Heaton-Bergole & Bowman by H. H. Teale
ADDRESS: 319 S. 10 St. Funeral Home

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

MARGIN RESERVED FOR BINDING

V. S. No. 2.

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