MAR 24 1929

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

Do not use this space.

9866

1. PLACE OF DEATH
County Carroll
Township
City Norborne
Registration District No. 138
Primary Registration District No. 4078
File No.
Registered No. 7
(No. St. Ward)

2. FULL NAME James Haas
(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. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Quitdate unknown 1872
7. AGE: About 56 Years; Months: unknown; Days: 0; 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): St Peters Mo
(STATE OR COUNTRY): St Charles Co

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

14. INFORMANT: Frank Hillie
(Address): Norborne Mo
15. FILED Mar 3 1929 E H Murdoch M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar 2 1929
17. I HEREBY CERTIFY, That I attended deceased from Mch 1st 1929, to March 2nd 1929, that I last saw him alive on March 2nd 1929, and that death occurred, on the date stated above, at 12.30 P.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS: Parenchymatous Nephritis
131
(duration) 2 yrs. or more ds.
CONTRIBUTORY (SECONDARY) 129 A
(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) H A Dearing, M.D.
Mar 3, 1929 (Address) Norborne 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: Catholic Cemetery.
DATE OF BURIAL: Mar 3 1929
20. UNDERTAKER: W T Strand
ADDRESS: Norborne 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.