

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

Do not use this space.

9920

1. PLACE OF DEATH  
 County Chariton Registration District No. 169  
 Township Brunswick Primary Registration District No. 5235  
 City New Brunswick (No. ....) St. .... Ward 0  
 File No. ....  
 Registered No. 24  
 2. FULL NAME Charles H. Haber  
 (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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) April - 27 - 1928  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
0 | 10 | 20 | 0 | 0 | 0

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 17 1929  
 17. I HEREBY CERTIFY, That I attended deceased from 3-11-29, 19... to 3-11-29, 19...  
 that I last saw deceased alive on 3-11-29, 19... and that death occurred, on the date stated above, at 1:30 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Capsular Pneumonia  
107A (duration) ..... da.  
 CONTRIBUTORY (SECONDARY) 1000 (duration) ..... da.

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work None  
 (b) General nature of industry, business, or establishment in which employed (or employer) None  
 (c) Name of employer

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH? .....  
 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....  
 WAS THERE AN AUTOPSY? .....  
 WHAT TEST CONFIRMED DIAGNOSIS? John M. Wilson, M.D.  
 (Signed) John M. Wilson  
 (Address) Brunswick, Mo

9. BIRTHPLACE (CITY OR TOWN) Brunswick, Mo.  
 (STATE OR COUNTRY)  
 10. NAME OF FATHER Joe M. Haber  
 11. BIRTHPLACE OF FATHER (STATE OR COUNTRY) Mo.  
 12. MAIDEN NAME OF MOTHER Essie Gates  
 13. BIRTHPLACE OF MOTHER (STATE OR COUNTRY) 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.

14. INFORMANT Joe M. Haber  
 (Address) Brunswick, Mo.  
 15. FILED 4/10, 1929 N. E. Paterson  
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Brunswick, Mo. DATE OF BURIAL Mar 19 1929  
 20. UNDERTAKER L. Heiser Brunswick ADDRESS

PHYSICIANS should state EXACTLY AGE should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified.

24 1929

