

EP 24 1929

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

Do not use this space.

27321

1. PLACE OF DEATH
County Cooper Registration District No. 218
Township _____ Primary Registration District No. 3015
City Boonville (No. _____) St. _____ Ward _____

File No. 98
Registered No. _____

2. FULL NAME Mrs. Julia Anna Hauf.
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Otto Hauf.
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 19th 1876
7. AGE YEARS MONTHS DAYS IT LESS than 1 day,hrs. ormin.
53 4 4

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife.
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Cooper Co.
(STATE OR COUNTRY) Missouri.

10. NAME OF FATHER Matt Hilden.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Germany.
12. MAIDEN NAME OF MOTHER Unknown.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Germany.

14. INFORMANT Otto Hauf.
(Address) Boonville Mo.

15. FILED Aug 24 1929 J. W. Kenney REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 23rd 1929
17. I HEREBY CERTIFY, That I attended deceased from Aug 5, 1929, to Aug 23, 1929, that I last saw her alive on Aug 23rd, 1929, and that death occurred, on the date stated above, at 7.30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Rectum
H&D
_____ (duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY (SECONDARY) 45 _____ (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____
1 DID AN OPERATION PRECEDE DEATH? yes DATE OF Aug 5 Aug 20
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? operation
(Signed) C. H. van Ravenswaay M.D.
Aug 24 1929 (Address) Boonville 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 Walnut Grove Cemetery DATE OF BURIAL 8/26 1929
20. UNDERTAKER Goodman & Boller ADDRESS Boonville 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.

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PERMANENT RECORD

