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SEP 25 1929

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

Do not use this space.

31221

1. PLACE OF DEATH

County: Lafayette — Registration District No. 460 — File No.

Township: — Primary Registration District No. H 274 — Registered No. 67

City: Higginsville, (No. , St. , Ward)

2. FULL NAME Loran J. Hader — Hader

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Marie Hartwig Hader

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 19 1908

7. AGE Years	Months	Days	Hours, Minutes
21	2	2	day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Higginsville, Mo.

PARENTS
10. NAME OF FATHER: Ben Hader
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Higginsville, Mo.
12. MAIDEN NAME OF MOTHER: Hattie Petering
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Concordia, Mo.

14. INFORMANT: James Hader
(Address): Higginsville, Mo.

15. FILED: 9-11, 1929 Bessie B Potts, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 4 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1929, to Sept 4, 1929, that I last saw him alive on Sept 4 1929, and that death occurred, on the date stated above, at 8 45 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Spinal Meningitis
(Meningococcic)
14 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? Lunatic Asylum
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Culture & Spinal Fluid
(Signed) H. Gasperschic, M. D.
Sept 4, 1929 (Address) Higginsville, 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: City Cemetery — DATE OF BURIAL: 9/3 1929

20. UNDERTAKER: A H Hader — ADDRESS: Higginsville 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.

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