

FEB 20 1930

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

Do not use this space.

1646

1. PLACE OF DEATH

County Jefferson
Township Joachim
City Crystal City (No.)

Registration District No. 421
Primary Registration District No. 5375

File No.
Registered No. 10
St. Ward)

2. FULL NAME Marie Haroff

(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 2 yrs. mos. ds. How long in U. S., if of foreign birth? 3 yrs. - mos. - ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Herman Haroff

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 24 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 7 7

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) General Housework
(c) Name of employer Self

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

10. NAME OF FATHER Fred Auperle

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Marie Aries

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Mrs Anna Dix (Address) Festus mo

15. FILED 1/31 30 Jo Rutledge REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 31 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 31 1930, to Jan 31 1930, that I last saw her alive on Jan 31 1930, and that death occurred, on the date stated above, at 1:20 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

82A
Myoplexy
duration) yrs. mos. 6 ds.
CONTRIBUTORY (SECONDARY) 74
duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Home
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) H. F. Bergman M. D.
, 19 (Address) Festus, 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 DATE OF BURIAL
Festus mo Feb. 3 1930
20. UNDERTAKER ADDRESS
Questrin & Vinyard Festus mo

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

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