MAR 25 1930

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

Do not use this space.

4288

Schoen

1. PLACE OF DEATH

County: Cape Girardeau — Registration District No. 125 — File No.

Township: " " — Primary Registration District No. 3009 — Registered No. 311

City: " " (No. ..... St. ..... Ward)

2. FULL NAME: Martha H. Haman

(a) Residence. No. 19 So. Spruce 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 13 - 1873

7. AGE: 56 YEARS — MONTHS: 1 — DAYS: 23 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Seamstress

(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): Cape Girardeau Mo

PARENTS

10. NAME OF FATHER: Henry C. Haman

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

12. MAIDEN NAME OF MOTHER: Elizabeth Bock

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Cape Girardeau Mo

14. INFORMANT: Miss Lizzie Haman (Address) Cape Girardeau Mo

15. FILED 2/8 1930 W C Kempfer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 5 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 5, 1930, to Feb 5, 1930 that I last saw her alive on Feb 5, 1930, and that death occurred, on the date stated above, at 11.50 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Hemorrhage (T.B.?)

114B

111B

23B (duration) ..... yrs. ..... mos. 1/4 ds.

CONTRIBUTORY (SECONDARY): Edema of lungs

(duration) ..... yrs. ..... mos. 2 hours

31

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?

(Signed) W A Schoen, M. D.

2-8, 1930 (Address) Cape Girardeau 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: Fairmount Cem. — DATE OF BURIAL: Feb 8 1930

20. UNDERTAKER: Walther Und. Co — ADDRESS: Cape Gir. 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.