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

Do not use this space.

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1. PLACE OF DEATH
County: Gasconade — Registration District No.: 304
Township: Bestvon — Primary Registration District No.: 4
City: ..... (No. ..... St. ..... Ward)
File No.: 1
Registered No.: 5

2. FULL NAME: Christ Haeffner

(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: Male
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: Rose Haeffner

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 2-18-1874

7. AGE: Years 55 | Months 10 | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Pershing
(STATE OR COUNTRY): Gasconade County Mo

PARENTS

10. NAME OF FATHER: Geo Haeffner
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Germany
(STATE OR COUNTRY): Ger
12. MAIDEN NAME OF MOTHER: Mary Dappe
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): First Creek Mo
(STATE OR COUNTRY): .....

14. INFORMANT: Rose Haeffner
(Address): MORRISON MO

15. FILED 2-8, 1930. Esther Sowder
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 2/7 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1929, to Feb 7, 1930 that I last saw h... alive on Feb 6, 1930, and that death occurred, on the date stated above, at 11 P. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Acute Nephritis
130 (duration) yrs. 3 mos. ..... ds.

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

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) Howard Workman, M. D
, 19 (Address) Pershing 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: Good Hope Cemetery — DATE OF BURIAL: 2-10 1930

20. UNDERTAKER: Arnold Hummert — ADDRESS: Morrison Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.
County: Gasconade — Registration District No. 304 — File No. 17
Township: Richland — Primary Registration District No. 5421 — Registered No.
City ..... No. ....., ... St. ..... Ward)

2. FULL NAME: Christ Haeffner

(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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar 8 - 1874

7. AGE: Years 55 — Months 11 — Days 29 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Pershing
(STATE OR COUNTRY): Gasconade Co Mo

PARENTS

10. NAME OF FATHER: Leo Haeffner
11. BIRTHPLACE OF FATHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Mary Depple
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Frost Creek Mo

14. INFORMANT: Rose Haeffner
(Address): Morrison Mo

15. FILED 5-9, 1930 — F. R. Kicker — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 7 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1929, to Feb 7, 1930, that I last saw h. alive on Feb 6, 1930 and that death occurred, on the date stated above, at 11 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
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..... (duration) ..... yrs. 3 mos. ..... ds.
CONTRIBUTORY (SECONDARY) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

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, 19 (Address) Pershing Mo

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19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Good Hope Cemetery — DATE OF BURIAL: 2/10 1930
20. UNDERTAKER: Arnold Hummert — ADDRESS: Morrison Mo

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