

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

Do not use this space.

200216

**1. PLACE OF DEATH**

County Mason  
Township Mason  
City Hannibal

Registration District No. 547  
Primary Registration District No. 3299

File No. \_\_\_\_\_  
Registered No. 146  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. Charles W. Havens St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)  
Palls Co. Mo.

Length of residence in city or town where death occurred yrs. mos. 7 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 Married

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 29 - 1901

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
29 2 7

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work. Acetylene Welder  
(b) General nature of industry, business, or establishment in which employed (or employer). " "  
(c) Name of employer C. B. & Q. - R. R.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Canton Ill

10. NAME OF FATHER Benny Havens

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) New Canton Ill

12. MAIDEN NAME OF MOTHER Martha Sheehan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) New Canton Ill

14. INFORMANT Julia Hart  
(Address) New Canton Ill

15. June 1 1930 Causins  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-6-1930

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 1929 to 6-6-1930 that I last saw him alive on 6-6-1930 and that death occurred, on the date stated above, at 11:30:00 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
uremia 133  
133  
133  
(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) ureteral stone  
+ Pyo nephrosis  
(duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 6-6-30-12-27-29  
1-15-29

19. WAS THERE AN AUTOPSY? \_\_\_\_\_  
WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
(Signed) J. H. A. Deady, M. D.  
, 19 \_\_\_\_\_ (Address) Hannibal 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 Shearer Cemetery New Canton Ill DATE OF BURIAL 6-8-1930

20. UNDERTAKER Schwartz Funeral Home ADDRESS Hannibal Mo.

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

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

23 10 1930

