

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

Do not use this space.

25129

1. PLACE OF DEATH

County.....

Registration District No. 1791

Township.....

Primary Registration District No. 1003

City Salem

(No. City Report)

File No.

Registered No. 7334

St.

Ward.....

2. FULL NAME

(a) Residence. No. No Home St. 23 Ward.

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male

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) Aug 26 - 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 | 10 | 7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Lawyer
(b) General nature of industry, business, or establishment in which employed (or employer). unknown
(c) Name of employer unknown

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Indiana

10. NAME OF FATHER Fris Hausel

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

12. MAIDEN NAME OF MOTHER Mary Ann Thomas

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

14. INFORMANT Dr. J. H. ...

(Address) City Report

15. FILED JUL 22 1930 19. Max E. ... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 3 1930

I HEREBY CERTIFY, That I attended deceased from June 28 1930, to July 3 1930, that I last saw him alive on July 3 1930, and that death occurred, on the date stated above, at 17530.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pellagra
62 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 57 (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) Joseph T. ... M. D.
7/4 1930 (Address) City Report

*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

Washington U. 7-15 1930

20. UNDERTAKER ADDRESS

Walter Richter 3500 Putnam St

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.

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House