

Be 257

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

Do not use this space.

32842

1. PLACE OF DEATH

County Jackson  
Township Raw  
City Kansas City

Registration District No. 399  
Primary Registration District No. 1002  
(No. 3250 E 28th St)

File No. \_\_\_\_\_  
Registered No. 4007  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

2. FULL NAME

Lela Fay Haake  
(a) Residence. No. 3250 E 28th St. 11 Ward.

(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 Fe 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 23rd 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
35

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

9. BIRTHPLACE (CITY OR TOWN) Harrisonville  
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Joseph Seale

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

12. MAIDEN NAME OF MOTHER Ida Bray

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

14. INFORMANT Peter J. Haake  
(Address) 3250 E 28th St.

15. FILED 10/7, 1930 M. M. Crowe  
REGISTRAR asst.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) October 4 1930

17. I HEREBY CERTIFY, That I attended deceased from 10/1/30 to 10/4/30, 1930 that I last saw him alive on 10/4/30, 1930 and that death occurred, on the date stated above, at 2:45 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Encephalitis  
non-germine  
70 B  
(duration) yrs. mos. 4 ds.  
CONTRIBUTORY (SECONDARY) 70 B  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? No DATE OF 1

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Catwary Cemetery DATE OF BURIAL Oct 7 1930

20. UNDERTAKER Quinn + Johnson Co ADDRESS 2000 Lincoln

\*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.

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.

RECORD THIS IS A PERMANENT RECORD

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