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. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 29 1930

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

Do not use this space.

38350

1. PLACE OF DEATH
County Warren
Township Charrette
City Marthasville (No. ..... St. ..... Ward)
Registration District No. 884
Primary Registration District No. 6176
File No. .....
Registered No. 20

2. FULL NAME Raymond David Haas
(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 6 yrs. 5 mos. 29 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): single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 7-1908

7. AGE 22 YEARS | 9 MONTHS | 1 DAYS | If LESS than 1 day, X hrs. or X min.

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

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9. BIRTHPLACE (CITY OR TOWN) Louisville,
(STATE OR COUNTRY) Kentucky

PARENTS
10. NAME OF FATHER John Haas
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Udenhein
(STATE OR COUNTRY) Hessa, Germany
12. MAIDEN NAME OF MOTHER unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Haysville, Ind.

14. INFORMANT Marie E. Sturm
(Address) Marthasville, Mo.

15. FILED Nov 11, 1930 G C Johnson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 8 1930

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Coroner's Verdict, — Came to their unavoidable deaths by fire of unknown origin in old Seminary Building (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Home, Marthasville, Mo., Warren Co. (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

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(Signed) John H Dyer
Coroner Warren Co
Nov 11, 1930 (Address) Warrenton 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: Emmaus Home Cem
DATE OF BURIAL: Nov 12 1930

20. UNDERTAKER: Fred W Lichtenberg
ADDRESS: Marthasville Mo