

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

Do not use this space.

692

PLACE OF DEATH
County Dallas
Township Marion
City (No. _____)

Registration District No. 238
Primary Registration District No. 5328

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME John Haufler
(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) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Catherine Elizabeth Haufler
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 17 - 1840
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
90 11 10
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) (STATE OR COUNTRY) Germany 10
10. NAME OF FATHER unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT (Address) G. Haufler
Golden City, Mo.
15. FILED 1-30 1931 J. A. When REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 27 1931
17. I HEREBY CERTIFY, That I attended deceased from January 24, 1931, to January 27, 1931, that I last saw him alive on January 27, 1931, and that death occurred, on the date stated above, at 5:06 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
1071
Cerebral (Lobular) Pneumonia
(duration) yrs. mos. 4 ds.
CONTRIBUTORY (SECONDARY) 1090
(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? Cerebral D
(Signed) J. B. Cross, M. D.
Jan 27, 1931, (Address) Golden City, 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 DATE OF BURIAL
D.O.F. Cemetery, Golden City, Mo. 1-29 1931
20. UNDERTAKER ADDRESS
E. A. Phillips, Golden City, Mo.

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.

FEB 18 1931

WRITE PLAINLY, WITH OBTAINING THE

