MAR 23 1931

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

Do not use this space.

4783

File No. .....

Registered No. 12

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 124

Township Byrd Primary Registration District No. 4070

City Jackson Mo. (No. ....., ... St. ..... Ward)

2. FULL NAME Charles W Haupt

(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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hannah Marie Harper

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15 - 1856

7. AGE: Years 74 | Months 9 | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kirkville Mo.

FATHER

13. NAME John Haupt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Agusta Flueggen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs Chas W Haupt Jackson Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Russell Heights DATE 2-26, 1931

19. UNDERTAKER (ADDRESS) McCombs & Armstrong Co Jackson Mo.

20. FILED 2-26, 1931 D. G. Sutter Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 24, 1931

22. I HEREBY CERTIFY, That I attended deceased from On Feb 19th only, 1931

I last saw him alive on Feb 24, 1931. Death is said to have occurred on the date stated above, at 11:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
33D	
84A	
99	

Other contributory causes of importance: Myocardial disease of more than 2 yrs standing, associated with arterial degeneration

Name of operation none Date of —

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) B F Hays, M. D.

(Address) Jackson, Mo.

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