

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

Do not use this space.

8938

1. PLACE OF DEATH

County Buchanan
Township Washington
City French Bottoms, No. W. of St. Joseph, (No. 29 Ward)

Registration District No. 826

Primary Registration District No. 5127

File No. _____

Registered No. 29

2. FULL NAME

Olive D. Hauck

(a) Residence. No. _____ St. _____ Ward. Kansas City, Mo.
(Usual place of abode)

Length of residence in city or town where death occurred 4 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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed
Divorced

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

Geo. W. Hauck

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec, 14, 1855

7. AGE

YEARS 75

MONTHS 3

DAYS 6

If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. At Home.

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Cincinnati,

(STATE OR COUNTRY) Ohio. 2

10. NAME OF FATHER John T. Stewart

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Cincinnati,
(STATE OR COUNTRY) Ohio.

12. MAIDEN NAME OF MOTHER Mary J. Cozine

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Baltimore,
(STATE OR COUNTRY) Maryland.

14. INFORMANT Mrs. John F. Brockett

(Address) St. Joseph, Mo.

15. FILED 3-23-31

J. B. ...
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar, 20, 1931 1931

17. I HEREBY CERTIFY, That I attended deceased from March - 14, 1931, to March - 19, 1931, that I last saw h. er alive on March 19, 1931, and that death occurred, on the date stated above, at 1.30 P. M. m.

18A THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronche Pneumonia
(duration) _____ yrs. _____ mos. 6 ds.

CONTRIBUTORY (SECONDARY) Influenza
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED At Home

IF NOT AT PLACE OF DEATH
8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) D. G. Gleason, M. D.

Mar 21, 1931 (Address) 3124 St. Joseph Avenue

*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 Mt. Mora Cemetery **DATE OF BURIAL** Mar, 23, 1931

20. UNDERTAKER Walter Meunhoffe **ADDRESS** 1302 Paragon St. St. Joseph, 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.

WHILE PRINTING, WITH UNFADING INK—THIS IS A PERMANENT RECORD

APR 21 1931

