

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

Do not use this space.

10601

**1. PLACE OF DEATH**

County Linn  
Township Brookfield mo  
City Brookfield mo (No. ....)

Registration District No. 496  
Primary Registration District No. 3025

File No. ....  
Registered No. 32  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 1422 W Linn St., 1st Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? 68 yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) (WIFE OF) George R. Haum deceased

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 20 - 1842

7. AGE YEARS MONTHS DAYS If LESS than 1 day, or min.  
88 5- 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired  
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) Dec. 1934 11. Total time (years) spent in this occupation 7 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Protestville 6 Out Con 5

FATHER 13. NAME George McMich

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lassard 9 Scotland

MOTHER 15. MAIDEN NAME Lavonia Perwis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Protestville Ont. Canada

17. INFORMANT (ADDRESS) Joel Clements Brookfield mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Rose Hill DATE 3/1/31

19. UNDERTAKER (ADDRESS) Huntley Rollins Brookfield mo

20. FILED 3-11 1931 Bessie M. Fore Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 11 1931

22. I HEREBY CERTIFY, That I attended deceased from March 6 1931, to March 11 1931  
I last saw her alive on March 10 1931. Death is said to have occurred on the date stated above, at 5 a. m.

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

Influenza Date of onset 3-6-31

11B  
11B

Other contributory causes of importance:

0 Name of operation none Date of .....

What test confirmed diagnosis? clinical 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) E. J. Standley , M. D.  
(Address) Brookfield 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. APR 24 1931

