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.

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

Do not use this space.

21466601

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kan — Primary Registration District No. 3008 — Registered No.
City Kansas City (No. Kansas City General Hospital St. Ward)

2. FULL NAME Haughn Calvin
(a) Residence, No. 5511 E 9 St., 11 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: Mrs Elnora Haughn
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 4-28-1863
7. AGE: YEARS 68 — MONTHS 1 — DAYS 15 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: General
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): Illinois

FATHER
13. NAME: Nicholas Haughn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): no record

MOTHER
15. MAIDEN NAME: Connor
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): no record

17. INFORMANT (ADDRESS): Record Clerk Kansas City Gen. Hosp.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Summer Set, Kan. DATE: 6-16, 1931
19. UNDERTAKER (ADDRESS): Mrs. E. L. Forster 918 Brooklyn Ave. K.C. Mo.
20. FILED: 6/13, 1931 M M Moore Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6-13-, 1931
22. I HEREBY CERTIFY, That I attended deceased from 6-6-, 1931, to 6-13-, 1931
I last saw him alive on 6-13-, 1931. Death is said to have occurred on the date stated above, at 12:10 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
108	
131 / 108	

Other contributory causes of importance:
Chronic nephritis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? yes

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? .....
If so, specify .....
(Signed) P. E. Williams M. D.
(Address) K. C. General Hospital