

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.

27585

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 1001
City St. Joseph (No. St. Joseph Hospital) _____ St. _____ Ward _____

File No. _____
Registered No. 894

2. FULL NAME Mary Victoria Haas

(a) Residence, No. 1834 Ashland Ave. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 21, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
56 8 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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) Marshall Missouri

13. NAME Louis Vogel

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

15. MAIDEN NAME Magdalen Wessing

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Booneville Missouri

17. INFORMANT (ADDRESS) Louis Haas 1834 Ashland Ave. St. Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Olivet Cemetery St. Joseph Mo. **DATE** August 31, 1931

19. UNDERTAKER (ADDRESS) A. O. Siderfaden 1802 Union St. St. Joseph Mo.

20. FILED 8-31-31 19 John R. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 27, 1931

I HEREBY CERTIFY, that I attended deceased from June 29, 1931, to August 27, 1931
I last saw h. or alive on August 20, 1931. Death is said to have occurred on the date stated above, at 4:25 P.M.

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

General Septicemia (Date of onset July 14/31)

Other contributory causes of importance:
Strep. of throat - Chl. septicaemia June 29/31

Name of operation _____ Date of _____
What test confirmed diagnosis? Lab. 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? no
If so, specify _____

(Signed) Frank Ed. Handman, M. D.
(Address) Lucerne, Belg.

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