

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.

DEC 21 1931

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

Do not use this space.

**1. PLACE OF DEATH**

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph,

(No. 1818 Savannah Ave.

File No. 36900

Registered No. 1130

St. \_\_\_\_\_ Ward)

**2. FULL NAME**

Mollie Hau

(a) Residence, No. 1818 Savannah St., \_\_\_\_\_ Ward.

(Usual place of abode) Length of residence in city or town where death occurred 70 yrs. 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 (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar, 23, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

<u>70</u>	<u>7</u>	<u>13</u>	
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.

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) St. Joseph, Mo.

13. NAME Gottlieb F. Hau

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wertenberg, Ger.

15. MAIDEN NAME Amelia Geiger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wertenberg, Ger.

17. INFORMANT (ADDRESS) Miss Carrie Hau 1818 Savannah Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Mora Cemetery DATE Nov. 7, 1931

19. UNDERTAKER (ADDRESS) Walter Meinhoffer 1302 Faraon St. St. Joseph, Mo.

20. FILED NOV 6 1931 John R. Bender Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOV, 6, 1931 .19

22. HEREBY CERTIFY That I attended deceased from July 1, 1925, to Nov. 5, 1931

I last saw h. or alive on Nov. 5, 1931. Death is said to have occurred on the date stated above, at 6.00 A.M.

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

Paresis, Cerebral hemorrhage Several attacks

Other contributory causes of importance:

Arterio sclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirms diagnosis? History 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) Jacob Geiger \_\_\_\_\_, M. D.  
(Address) Kirkpatrick Bldg. St. Joseph, Mo.

