

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

Do not use this space.

✓ 2834

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City (No. 5323rd Wells) St. 6 Ward.

File No.
Registered No. 538
St. Ward)

2. FULL NAME Matilda Haslugen

(a) Residence, No. 5323rd Wells St. 6 Ward.

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Richard W Haslugen</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 4, 1871</u>				
7. AGE	YEARS <u>60</u>	MONTHS <u>10</u>	DAYS <u>10</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>			
	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) <u>St. Louis Mo 1</u>				
MOTHER FATHER	13. NAME <u>Charles Baerbocher</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland 29</u>			
	15. MAIDEN NAME <u>Matilda Muehlbach</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>				
17. INFORMANT <u>George Haslugen</u> (ADDRESS) <u>5323rd Wells</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Grove</u> DATE <u>Jan 18, 1932</u>				
19. UNDERTAKER <u>Bensiek - Tillman</u> (ADDRESS) <u>138 N. 6th St.</u>				
20. FILED <u>Jan 18 1932</u> <u>May 27 1932</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 14, 1930 to Jan 14, 1932
I last saw h. or alive on Jan 14, 1932 Death is said to have occurred on the date stated above, at 9:30 p.m.
The principal cause of death and related causes of importance were as follows:
Chr Myocarditis
131
43
Other contributory causes of importance: (1)
Chr Rheumatic Nephritis

Name of operation Date of
What test confirmed diagnosis? various Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury 19.....
Where did injury occur? X (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury X
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Harding M. D.
(Address) 5076 Union Hill

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.

