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

Do not use this space.

1. PLACE OF DEATH
County Clark 23
Township Jackson
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 190
Primary Registration District No. 5274

File No. 4058
Registered No. 11

2. FULL NAME John Haage.
(a) Residence No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 32 yrs. in state ds. How long in U. S., if of foreign birth? 76 yrs. mos. ds.

MAR 22 1932

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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Mrs. John Haage.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 10, 1849

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	82	3	17	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer.
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Hanover
(STATE OR COUNTRY) Germany 10

PARENTS

10. NAME OF FATHER David Frederick Haage
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Christenia D. Bauer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany.

14. INFORMANT Chas. Haage
(Address) Alexandria, Mo.

15. FILED 2/28, 1932 J. R. Bridges REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 27 1932

17. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1932 to Feb 27, 1932 that I last saw him alive on Feb 27, 1932, and that death occurred, on the date stated above, at 8:50 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute appendacitis
1216
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 1211
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF (1)
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) F. A. S. Rebo, M. D.
2/28, 1932 (Address) Alexandria Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Sand Cemetery	2/2 1932
20. UNDERTAKER	ADDRESS
H. P. Kircher.	Wayland, Mo