

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

Do not use this space.

8371

**1. PLACE OF DEATH**

County Jackson Registration District No. 15  
Township Four Primary Registration District No. 15  
City J.C. Mo. (No. 6230 Brooklyn Ave.) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 947  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 6230 of Brooklyn St. 15 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>M.</u>	4. COLOR OR RACE <u>W.</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>Anna Haas</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 6 - 1854</u>		
7. AGE YEARS <u>78</u>	MONTHS <u>0</u>	DAYS <u>1</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>Grading Contractor</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Grading Contractor</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>Racine Wisconsin</u>		
FATHER	13. NAME <u>Jacob Haas</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Mary Seitz</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Alice Haas 6230 Brooklyn</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mary's</u> DATE <u>March 9 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Mrs. G. L. Foster Brooklyn</u>		
20. FILED <u>3-7-32</u> <u>M. M. Roscoe</u> Registrar.		

**4 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 7 1932

22. I HEREBY CERTIFY That I attended deceased from Mar 1 30 to Mar 7 1932  
I last saw him alive on Feb 24 1932 Death is said to have occurred on the date stated above, at 12:20.  
The principal cause of death and related causes of importance were as follows:  
Chronic Myocardial Degeneration - Arteriosclerosis  
Other contributory causes of importance:  
Sudden death - Presumably ventricular fibrillation

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Biopsy 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) Geo F. Mells M. D.  
(Address) 800 Argyle Bldg

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.

an. Roy. Navy  
Argyle Bldg. No 5997

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