

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.

APR 28 1932

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

Do not use this space.

9591

1. PLACE OF DEATH  
 81 County Phelps Registration District No. 678  
 3 Township St. James Primary Registration District No. 4404  
 2 City St. James (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Rosa May Hess Haffach  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. 7 mos. \_\_\_\_\_ ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27 - 1884

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>45</u>	<u>10</u>	<u>1</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 233

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Wifes

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) Phelps Co. Mo. 1

FATHER  
 13. NAME Allen Stinett  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known 31

MOTHER  
 15. MAIDEN NAME Rachel Wallace  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield 2

17. INFORMANT S. E. Haffach  
 (ADDRESS) St. James Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Person Amity DATE Mar. 29 - 1932

19. UNDERTAKER Jonas Eng Tim Dyke  
 (ADDRESS) St. James Mo.

20. FILED 3-29-32 Henry F. Walters  
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 27 - 1932

22. I HEREBY CERTIFY, That I attended deceased from March 19, 1932, to March 27, 1932  
 I last saw her alive on March 27, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 11:30 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Perniciosa Anemia Date of onset 1930

Other contributory causes of importance:  
91A  
MAD

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Chemist 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) William H. Belier, M. D.  
 (Address) St. James Mo.

