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.

MAY 23 1932

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

Do not use this space.

11514

1. PLACE OF DEATH

4 County Audrain — Registration District No. 921 — File No.

Township Cuivre — Primary Registration District No. 4559 — Registered No.

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Albert Joseph Haiducek

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Male
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) Sept, 10-1931

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

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Audrain Co. Mo. 1

FATHER

13. NAME Frank Haiducek
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Audrain Co. Mo.

MOTHER

15. MAIDEN NAME Mary Ellen Nodler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois 2

17. INFORMANT (ADDRESS) Frank Haiducek Farber Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Laddonia Mo. DATE April, 18 1932

19. UNDERTAKER (ADDRESS) H. G. Grainger Laddonia Mo.

20. FILED May 9 1932 W. H. May Registrar.

(1) MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April, 17-32

22. I HEREBY CERTIFY, That I attended deceased from April, 7, 1932, to April, 17-19 32
I last saw him alive on April. 15, 1932 Death is said to have occurred on the date stated above, at 10.40 P.M.
The principal cause of death and related causes of importance were as follows:

Date of onset 4-7-32

Lobar Pneumonia
103
108

Other contributory causes of importance:

(1)

Name of operation None Date of
What test confirmed diagnosis? Physical signs 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) W K McCall, M. D.
(Address) Laddonia Mo.