

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

Do not use this space.

13114

1. PLACE OF DEATH

56 County Lewis
Township Reddick
City (No. _____) _____

Registration District No. 479
Primary Registration District No. 5644c

File No. _____
Registered No. & _____
St. _____ Ward) _____

2. FULL NAME

Harry H. Haur

(a) Residence, No. _____ St. _____ Ward. _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lennie Haur</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 30 - 1902</u>		
7. AGE	YEARS <u>43</u>	MONTHS <u>3</u>
	DAYS <u>22</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>Hamm</u>	11. Total time (years) spent in this occupation _____
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Hamm</u>	
	10. Date deceased last worked at this occupation (month and year) _____	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22 1942

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 3 P.m. 4-22-42

The principal cause of death and related causes of importance were as follows:

The jury inquiring into the accidental death of Harry H. Haur find that he came to his death by the fact he was diving from a high board crushing him to death.

Other contributory causes of importance:

251 205 73

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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 Coroner Inquest
Nature of injury by injury

24. Was disease or injury in any way related to occupation of deceased? yes
If so, specify by use of ladder on farm

(Signed) J. J. Allen Justice Pac
(Address) La Belle Mo

MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lewis Co Mo</u>
	13. NAME <u>Douglas H. Haur</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lewis Co Mo</u>
	15. MAIDEN NAME <u>Rosa H. Longfield</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo cousin?</u>
	17. INFORMANT (ADDRESS) <u>Mrs. Cora Gil Hawkins</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Verona Mo</u> DATE <u>4/24 1942</u>	
19. UNDERTAKER (ADDRESS) <u>James T. Reed</u> <u>La Belle Mo</u>	
20. FILED <u>4/23 1942</u> <u>J. J. Bourne</u> Registrar.	

MAY 25 1942

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCURRENCE is very important.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Lewis Registration District No. 479 File No. _____
 Township Reddish Primary Registration District No. 3644 Registered No. _____
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Jenny D. Dore

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MC

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 22, 1932

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 30, 1902

I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
43 7 22

The principal cause of death and related causes of importance were as follows:

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

Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

15. MAIDEN NAME _____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

Manner of injury _____
 Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____, 19____

19. UNDERTAKER (ADDRESS) _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____

20. FILED 7/29, 1932 J. Bourn Registrar

(Signed) _____, M. D.
 (Address) _____

SUPPLEMENTARY

CA : OF DEATH in plain terms, so that it may be proper. Assisted. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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