

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

15636

1. PLACE OF DEATH

25 County Clinton
Township Shoal
City..... (No.....)..... St..... Ward.....

Registration District No. 284
Primary Registration District No. 5282

File No.....
Registered No. 25
St..... Ward.....

2. FULL NAME

John Wesley Hauger
(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 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 16 # 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
72 7 18

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) (STATE OR COUNTRY) Holmes Co. Ohio

10. NAME OF FATHER Wm Hauger

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

12. MAIDEN NAME OF MOTHER Christina Bartlett

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio

14. INFORMANT A. D. Hauger
(Address) Cameron Mo

15. FILED 5/6 1932 W. C. N. Risley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 4 1932
17. I HEREBY CERTIFY, That I attended deceased from Mar 30 1932, to May 4 1932 that I last saw him alive on May 4 1932 and that death occurred, on the date stated above, at 9:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma Stomach
460 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 460 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH 1

DID AN OPERATION PRECEDE DEATH? NO DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Franklin (Signed) J. A. Franklin M. D.

*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.
1932 (Address) Cameron Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Harlow Cemetery DATE OF BURIAL May 6 1932

20. UNDERTAKER J. W. Poland ADDRESS Cameron

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 21 1932

