

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

Do not use this space.

18843

1. PLACE OF DEATH  
 13 County Waldwell Registration District No. 96  
 1 Township ..... Primary Registration District No. 4058  
 2 City Hamilton (No. ....) St. .... Ward .....  
 2. FULL NAME Alfred G. Haseman  
 (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**

3. SEX <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Addie Haseman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 27, 1853</u>		
7. AGE YEARS <u>78</u>	MONTHS <u>8</u>	DAYS <u>12</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Farmer</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.		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) <u>Waldman</u> (STATE OR COUNTRY) <u>Ind. Mo.</u>		
13. NAME <u>James A. Haseman</u>		
14. BIRTHPLACE (CITY OR TOWN) <u>Kentucky</u> (STATE OR COUNTRY)		
15. MAIDEN NAME <u>Thena Wood</u>		
16. BIRTHPLACE (CITY OR TOWN) <u>Tennessee</u> (STATE OR COUNTRY)		
17. INFORMANT <u>A. G. Haseman</u> (ADDRESS) <u>Hamilton Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE ..... DATE ..... 19..		
19. UNDERTAKER <u>John Koehn</u> (ADDRESS) <u>Hamilton Mo.</u>		
20. FILED <u>July 5, 1932</u> <u>Frederick Kemper</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

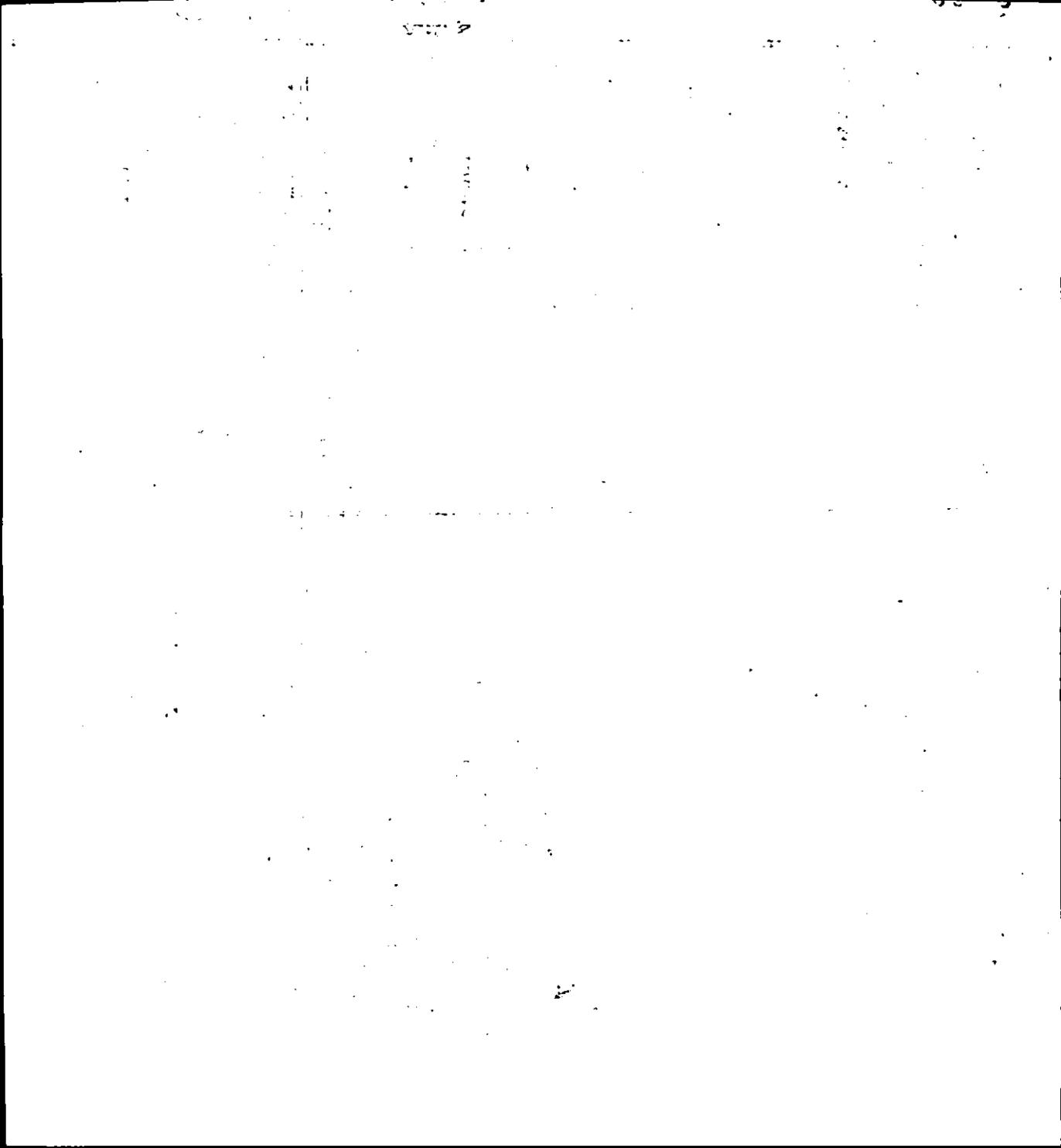
21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8, 1932

22. I HEREBY CERTIFY That I attended deceased from June 8, 1932, to June 8, 1932  
 I last saw him... alive on June 8, 1932 Death is said to have occurred on the date stated above, at 10 P. m.  
 The principal cause of death and related causes of importance were as follows:  
An accident. A folding bed collapsed and death resulted almost immediately from internal hemorrhage.  
 Date of onset 6-5  
 Other contributory causes of importance:  
① 1946 B 65  
 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? Accident Date of injury 6-8, 1932  
 Where did injury occur? At home (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Bed of folding bed  
 Nature of injury Internal

24. Was disease or injury in any way related to occupation of deceased? NO  
 If so, specify .....  
 (Signed) Frederick Kemper M. D.  
 (Address) Hamilton, Mo.



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BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Caldwell Registration District No. 96 File No. ....  
Township ..... Primary Registration District No. 405-8 Registered No. 16  
City Hamilton (No. ...., St. .... Ward)

**2. FULL NAME**

Alfred G. Hasman

(a) Residence, No. .... St. .... 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

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

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

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 .....

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Highland Cemetery DATE June 12, 1932

19. UNDERTAKER (ADDRESS) Hamilton, Mo.

20. FILED July 5, 1932 Irene Kemper Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from

to, 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at.....m.

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

Date of onset

Other contributory causes of importance:

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.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed)....., M. D.

(Address).....

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.  
Every item of information should be carefully supplied. AGE AND SEX OF DEATH in plain terms, so that it may be properly classified.

SUPPLEMENTARY

S-18843