

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

Do not use this space.

19715

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kan Primary Registration District No. 1002 File No. 2525
 City Kansas City, Mo. Kansas City General Hospital St. Ward Registered No. 2525

2. FULL NAME

Haugh Charles
 (a) Residence, No. Jackson Co. Home 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-7-1870

7. AGE YEARS MONTHS DAYS (if LESS than 1 day, hrs. or min.)
62 1 19

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) St. Louis Missouri

13. NAME Edmund Haugh

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

15. MAIDEN NAME Ribeck Omley

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

17. INFORMANT Records Clerk (ADDRESS) H. G. Genl. Hosp.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE 6-27 1932

19. UNDERTAKER R. E. Kane (ADDRESS) Greenman Mortuary
626 Kansas City, Mo.

20. FILED 6/26 1932 M. M. Cronin Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June-26-1932

22. I HEREBY CERTIFY, that I attended deceased from May 15 to June 26 1932

I last saw him alive on June 26 1932 Death is said to have occurred on the date stated above, at 3:58 P. m.

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

Membranous nephritis
131
132B 131
 Other contributory causes of importance Chronic Diffuse
nephritis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? yes

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) P. G. Willems M. D.

(Address) See Report K 20

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.

