

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

Do not use this space.

28513

85

1. PLACE OF DEATH

County Puchanan Registration District No. 301
Township St Joseph Primary Registration District No. 1001
City St Joseph (No. St Joseph Corp.)

File No. _____
Registered No. 678
St. _____ Ward _____

2. FULL NAME

Mrs Grace Haragan
(a) Residence. No. Fairfax, Mo St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1879-4-15
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 53 4 25

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Housewife 235
(b) General nature of industry, business, or establishment in which employed (or employer). Same
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Mishnabotna Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Wesley Harms Kramer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mishnabotna
(STATE OR COUNTRY) Germany 10

12. MAIDEN NAME OF MOTHER Grace Reed

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

14. INFORMANT Mrs Fern Peters
(Address) Fairfax Mo

15. FILED 9-11-32 J. Paul Bender REGISTAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 10 1932

17. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1932, to Sept 11, 1932, that I last saw her alive on Sept 10, 1932, and that death occurred, on the date stated above, at 10:29 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Puffball Fungus in Splenic
121A 121
129 (duration) yrs. mos. ds. 0
CONTRIBUTORY (SECONDARY) Spleen (duration) yrs. mos. ds. 4

18. WHERE WAS DISEASE CONTRACTED Railway Mo
IF NOT AT PLACE OF DEATH. _____

1. DID AN OPERATION PRECEDE DEATH? No DATE OF Sept 9

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS _____
(Signed) W. S. Schmitt M. D.
Sept 11, 1932 (Address) St Joseph Mo

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL English Grave Cemetery DATE OF BURIAL 9-11-1932

20. UNDERTAKER Scheeler Bros ADDRESS Fairfax Mo

OCT 24 1932

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.

