WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

NOV 21 1932

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

Do not use this space.

31456

1. PLACE OF DEATH
County Buchanan — Registration District No. 35 — File No.
Township — Primary Registration District No. 1601 — Registered No. 958
City St. Joseph, (No. Haber Hotel 1214 South 6th. St. St. Ward)

2. FULL NAME Lillie Haber,
(a) Residence, No. 1214 South 6th. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 John F. Haber,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4, 1872

7. AGE — YEARS: 60 — MONTHS: 2 — DAYS: 29 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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 73 C

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Louis, Missouri, 1324

FATHER
13. NAME Harry Schultz,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Unknown

MOTHER
15. MAIDEN NAME Unknown,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Unknown,

17. INFORMANT (ADDRESS) Mrs. Carla Moore 301 South 10th. Street.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Auburn Cem DATE Oct. 5th. 1932

19. UNDERTAKER (ADDRESS) Heaton-BeGole & Bowman 319 S. 10th. St. Funeral Home

20. FILED OCT 5 1932 John R. Benden Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 3rd, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1932, to Oct 3, 1932
I last saw her alive on Oct 3, 1932 Death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:
Heart disease,
hypertensive
Nephritis
Chronic Myocarditis

Date of onset

Other contributory causes of importance:
Possible carcinoma of pancreas

1

Name of operation None 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? No
If so, specify
(Signed) Thomas Redmond, M. D.
(Address) 302 P. S. Bldg.