

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

Do not use this space.

32149

1. PLACE OF DEATH

4-8 County Jackson Registration District No. 398
5 Township Black Primary Registration District No. 3019
8 City Independence (No. Independence) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1320 South Pearl 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) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Iola Haver
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 30 1869
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 63 8 23
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister 1911
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Latter Day Saint
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) Canwell Canada

13. NAME John Haver

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

15. MAIDEN NAME Ailey Farnsworth

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

17. INFORMANT (ADDRESS) Ralph D. Haver 1320 S Pearl St

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Grove DATE Oct 25 1932

19. UNDERTAKER (ADDRESS) Garrison Funeral Home Independence, Mo

20. FILED Oct. 25 1932 H. Cook Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 23rd 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to 10-23-32, 19____

I last saw him alive on 10-23-, 1932. Death is said to have occurred on the date stated above, at 3:30 a.m.

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

Broncho-pneumonia 10-19-32 Date of onset

Atherosclerosis ?

107A

Other contributory causes of importance: 107B

(Name of operation none Date of _____

What test confirmed diagnosis? autopsy 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? no

If so, specify Raymond J. Hard M.D. M. D.

(Address) 1st Nail Bank Independence, Mo.

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 2 3 1932

WRITE PLAINLY, WITH UNFADING INK—THIS IS A

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