

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

Do not use this space.

1. PLACE OF DEATH

County Lewis
Township Leaumont
City Leaumont (No.)

Registration District No. 477
Primary Registration District No. 4286

File No.
Registered No. 40755
St. Ward

2. FULL NAME Emily A. Haver

(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>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 15 1848</u>		
7. AGE YEARS <u>84</u>	MONTHS <u>4</u>	DAYS <u>16</u>
		If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Phil. Hanning</u>		
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) Germany 10

13. NAME Capt. Charles Gust 8

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

15. MAIDEN NAME Christina Ephes

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

17. INFORMANT J. J. Haver
(ADDRESS) Leaumont Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Leaumont Mo. DATE Jan 3 1933

19. UNDERTAKER Paul H. Haver
(ADDRESS) Leaumont Missouri

20. FILED Jan 2 1933 H. W. Harris
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 31 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 17 1932, to Dec 31 1932

I last saw her, alive on Dec 30 1932 Death is said to have occurred on the date stated above, at 2:20 m.

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

Broncho Pneumonia Date of onset Dec 17

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis? Smear Was there an autopsy? no

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) J. J. Haver
(Address) Leaumont 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.

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