

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.

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

Do not use this space.

4614

1. PLACE OF DEATH
County Buchanan, Registration District No. 19
Township Jackson, Primary Registration District No. 0017
City St. Joseph, (No. 5 Miles N.E. of City, R.F.D. # 2 Ward 2)

2. FULL NAME Lucy Mae Haden
(a) Residence, No. 5 Miles N.E. of City St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 1 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ moa. _____ ds.
(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 Willie W. Haden

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 17, 1907

7. AGE YEARS 25 MONTHS 6 DAYS 7 IF LESS than 1 day, _____ hrs. _____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) February 1933 11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (CITY OR TOWN) Platte City, (STATE OR COUNTRY) Missouri

FATHER
13. NAME William Jackson

14. BIRTHPLACE (CITY OR TOWN) Des Moines, (STATE OR COUNTRY) Iowa

MOTHER
15. MAIDEN NAME Susie D. Moss

16. BIRTHPLACE (CITY OR TOWN) Agency, (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Willie H. Haden
R.F.D. # 2, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cemetery DATE Feb'y 27, 1933

19. UNDERTAKER (ADDRESS) Wheaton Brothers & Bowman
St. Joseph, Mo. Funeral Home

20. FILED Aug 27 1933 W. J. Haden Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb'y 24th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 8, 1932 to Nov. 12, 1932

I last saw him alive on Nov. 12, 1932 Death is said to have occurred on the date stated above, at 6:15 P.M.

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

Tuberculosis - pulmonary Date of onset 1930
23A
D. B.

Other contributory causes of importance:

Name of operation none Date of _____
What test confirmed diagnosis clin. lab. X-ray 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 no

(Signed) G. T. Bloomer, M. D.
(Address) 1218 N. 32

