

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.

APR 21 1933

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

Do not use this space.

1. PLACE OF DEATH  
11 County Bryan Registration District No. 85  
5 Township St. Joseph Primary Registration District No. 1001  
9 City St. Joseph (No. State Hospital # 2, St.                      Ward                     )  
2. FULL NAME Mary Haas  
(a) Residence, No. Kansas City Mo. St.,                      Ward. Kansas City Mo.  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. 2 mos. 26 ds. How long in U. S., if of foreign birth? Unknown yrs.                      mos.                      ds.

PERSONAL AND STATISTICAL PARTICULARS  
3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1878  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
55 ? ? ?  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife  
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) Unknown Canada  
13. NAME unknown  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown unknown  
15. MAIDEN NAME unknown  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown unknown  
17. INFORMANT Hospital Records  
(ADDRESS) State Hosp #2 St. Joseph Mo  
18. BURIAL, CREMATION, OR REMOVAL PLACE State Hospital DATE March 30, 1933  
19. UNDERTAKER Fleeman Funeral Home, Inc.  
(ADDRESS) St. Joseph, Missouri  
20. FILED 3-20-33 19                      Wm R. Bender  
                     Registrar

MEDICAL CERTIFICATE OF DEATH  
21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 29, 1933  
22. I HEREBY CERTIFY, That I attended deceased from January 3, 1933, to March 29, 1933.  
I last saw her alive on March 28, 1933. Death is said to have occurred on the date stated above, at 7:28 a.m.  
The principal cause of death and related causes of importance were as follows:  
General Paralysis of the Insane Date of onset 1/3/33  
5-15-33  
Other contributory causes of importance:  
Dermatitis Exfoliativa (due to Neo-amplicinamide) 3/9/33  
Name of operation                      Date of                       
What test confirmed diagnosis? Chin. Presby 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                       
(Signed) George W. Fossman, M. D.  
(Address) State Hospital #2 St. Joseph Mo

2-2-33  
5-31  
5-31

