

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

Do not use this space.

8928

1. PLACE OF DEATH

County Cole Registration District No. 213
 Township _____ Primary Registration District No. 3014
 City Jefferson (No. _____) St. _____ Ward _____

File No. 61
 Registered No. _____

2. FULL NAME Estell Jane Hauser

(a) Residence, No. _____ St. _____
 (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 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 Ross Hauser
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 8. 1909
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
23 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
 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) Linn County, Kansas

13. NAME R.G. Jackman

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

15. MAIDEN NAME Nora Gilmore

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone County, Mo

17. INFORMANT (ADDRESS) Mrs. Nora Jackman Skinner
Jefferson City, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Boone County, Mo
Mt. Pleasant Cemetery Mar-9-1933

19. UNDERTAKER (ADDRESS) Joseph J. Gordon
Jefferson City, Mo

20. FILED 3/9/33 Dr. Sanford
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 7 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1932 to Mar 7, 1933

I last saw him alive on Mar 6, 1933 Death is said to have occurred on the date stated above, at 12:20 pm.

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

Pulmonary Tuberculosis Date of onset 23A
23

Other contributory causes of importance:

Name of operation None Date of _____
 What test confirmed diagnosis? Sputum 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) Dr. Sanford, M. D.
 (Address) Jefferson City, 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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