

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

Do not use this space.

18490

1. PLACE OF DEATH

County..... Registration District No. 701
 Township..... Primary Registration District No. 1003
 City St. Louis, Mo. (No. ISOLATION HOSPITAL) St. Ward)

File No.
 Registered No. 4752

2. FULL NAME

William Haukton
 (a) Residence, No. 6303 Paranee Pine, hawn. Ward. 13 St. St. Louis 90
 (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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OR (OR) WIFE OF <u>Rosena Haukton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 27, 1892</u>		
7. AGE	YEARS <u>41</u>	MONTHS <u>8</u>
		DAYS <u>3</u>
	If LESS than 1 day, hrs. or min.	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Moulder</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Skinka Co.</u>
	10. Date deceased last worked at this occupation (month and year)
	11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Mo
 (STATE OR COUNTRY)

MOTHER 13. NAME Wm. Haukton

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

15. MAIDEN NAME Ellyna Thomas

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

17. INFORMANT ISOLATION HOSPITAL
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE June 1, 1933

19. UNDERTAKER Math Hermann Olson
 (ADDRESS) 441 31 1000

20. FILED 19 St. Louis
J. Bredeck
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30 . 19 33

22. I HEREBY CERTIFY, That I attended deceased from May 22 1933, to May 30, 1933
 I last saw him alive on May 30, 1933 Death is said to have occurred on the date stated above, at 7:25 a.m.

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

Typhoid Fever Date of onset 4-22
Bronchopneumonia
 Other contributory causes of importance:
None

Name of operation None Date of clinical
 What test confirmed diagnosis? clinical 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 Mo
 (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? yes
 If so, specify Worked on road gangs & built drainage
 (Signed) Reschenbreder M.P.I. M. D.
 (Address) ISOLATION HOSPITAL

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.

