

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

Do not use this space.

85

18921

1. PLACE OF DEATH

County Buchanan Registration District No. 1001
 Township _____ Primary Registration District No. _____
 City St Joseph Mo. (No. St Josephs Hospital) Registered No. 617
 _____ St. _____ Ward _____

2. FULL NAME John William Haight

(a) Residence, No. 1624 St. Joseph Ave. 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 Male 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 Katherine Haight

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4, 1873

7. AGE YEARS 60 MONTHS 3 DAYS 12 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Furniture
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dealer (RETAIL)
 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) St. Joseph Missouri

FATHER 13. NAME Ike Haight

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

MOTHER 15. MAIDEN NAME Elizabeth Woody

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

17. INFORMANT Mrs Katherine Haight
 (ADDRESS) 1624 St Joseph Ave St Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St Joseph Mo. DATE June 19 1933
Mt Olivet Cemetery

19. UNDERTAKER H. C. Sidenbacher
 (ADDRESS) 1802 Union St St Joseph Mo.

20. FILED JUN 17 1933 John R. Bender Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16 1933

22. I HEREBY CERTIFY That I attended deceased from June 12 1933 to June 15 1933
 I last saw him alive on June 15 1933 Death is said to have occurred on the date stated above, at 3:20A m.
 The principal cause of death and related causes of importance were as follows:

Diabetes mel.
133 A
106 D
59
 Date of onset _____
 Other contributory causes of importance: Phlebitis
Monochitis
8
 Date of onset Jan 1 - Jan 12

Name of operation _____ Date of _____
 What test confirmed diagnosis? Lab 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? no
 If so, specify _____
 (Signed) Frank H. Harkness M. D.
 (Address) Knappa place 344

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.

JUL 20 1933

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