

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.

1. PLACE OF DEATH
 54 County Lafayette Registration District No. 457
 Township Freedom Primary Registration District No. 5621B
 City..... (No.....) St..... Ward.....
 2. FULL NAME Junior Allen Haesemyer
 (a) Residence, No..... 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.

File No. 9491
 Registered No. 6

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>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug-11-1933</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
		<u>7</u>	<u>—</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <input checked="" type="checkbox"/>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <input checked="" type="checkbox"/>			
	10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....			
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lafayette County Missouri</u>			
	13. NAME <u>Lorey Haesemyer</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lafayette Co Missouri</u>			
	15. MAIDEN NAME <u>Angie Hoffman</u>			
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lafayette Co Missouri</u>			
	17. INFORMANT (ADDRESS) <u>Lorey Haesemyer Louisiana, Mo.</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Heather Cross Cemetery</u> DATE <u>Mar-12-34</u>				
19. UNDERTAKER (ADDRESS) <u>H. F. Haesemyer Concordia, Mo.</u>				
20. FILED <u>3-12</u> 19 <u>34</u> <u>Berdinand Shryman</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>March 11, 1934</u>
I HEREBY CERTIFY, That I attended deceased from <u>March 8, 1934</u> , to <u>March 11, 1934</u> I last saw him alive on <u>March 11, 1934</u> . Death is said to have occurred on the date stated above, at <u>9:50 P. M.</u> The principal cause of death and related causes of importance were as follows: <u>Dysentery</u> <u>None</u> Other contributory causes of importance: <u>None</u>
Date of onset <u>3-7-34</u>
Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? <u>No</u>
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? <u>No</u> If so, specify..... (Signed) <u>Berdinand Shryman</u> , M. D. (Address) <u>Concordia Mo</u>

