

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.

OCT 10 1934

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

Do not use this space.

33832

1. PLACE OF DEATH

County Randolph Registration District No. 725
Township Sugar Creek Primary Registration District No. 3034
City Moberly No. _____ St. _____ Ward _____

File No. _____
Registered No. 171

2. FULL NAME

Harold Hugh Haney
(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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30/1934
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
1 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Moberly Mo

MOTHER 13. NAME Russell Haney

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

15. MAIDEN NAME Bulah Poe

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

17. INFORMANT (ADDRESS) Mrs Russell Haney Moberly Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Salem DATE Sept 20 34

19. UNDERTAKER (ADDRESS) Louis Hopper Moberly Mo

20. FILED 9/20 1934 Virginia Walker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 19th 1934
22. I HEREBY CERTIFY That I attended deceased from Sept 14 - 1934 to Sept 19 1934
I last saw him alive on Sept 19 - 1934. Death is said to have occurred on the date stated above, at 11 P. m.
The principal cause of death and related causes of importance were as follows:
acute Enteritis Date of onset Apr. 13/34

Other contributory causes of importance:
1196
1196

Name of operation None Date of _____
What test confirmed diagnosis? Clinical 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) L. E. Hager M. D.
(Address) Moberly Mo

