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.

DEC 17 1934

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

Do not use this space.

39261

1. PLACE OF DEATH
County Gasconade Registration District No. 390 File No. 8
Township Union Primary Registration District No. 5545 Registered No.
City Desarc (No. , St. Ward)

2. FULL NAME George Lester Hauk
(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 2 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE YEARS 2 MONTHS 7 DAYS 29 If LESS than 1 day, hrs. or min.

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

FATHER
13. NAME Jonas Harold Hauk
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Doe Ran Mo

MOTHER
15. MAIDEN NAME Dorothy Catherine Davis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newton Iowa

17. INFORMANT (ADDRESS) Catherine Hauk Desarc Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Desarc DATE Nov 30 1934
19. UNDERTAKER (ADDRESS) Friends Acting
20. FILED , 19
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 29, 1934
22. I HEREBY CERTIFY, That I attended deceased from 29, 1934, to 29, 1934
I last saw him alive on 11-29, 1934. Death is said to have occurred on the date stated above, at 8 a.m. m.
The principal cause of death and related causes of importance were as follows:
Convulsions
Date of onset
Other contributory causes of importance: Flu infection
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?
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) G. W. Torrey M. D.
(Address) Piedmont Mo