

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.

APR 1935

8337

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125
Township 11 Primary Registration District No. 3008
City CAPE GIRARDEAU (No. R.F.D. # 3) Cape Girardeau St. _____ Ward _____

File No. _____

Registered No. 77

2. FULL NAME

Christ H. Haman Jr.
(a) Residence, No. R.F.D. # 3 Cape Girardeau 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mathie Hunge Haman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-11-1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 5 6

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. V

10. Date deceased last worked at this occupation (month and year) 3-1-1935 11. Total time (years) spent in this occupation Life

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

13. NAME Christ H. Haman Jr.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hessersheim Germany

15. MAIDEN NAME Kathrin Barbara Kishner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannau Germany

17. INFORMANT (ADDRESS) Albert Haman Cape Girardeau Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Farmers Cent DATE Mar 20 1935

19. UNDERTAKER (ADDRESS) Hanning Funeral Home Cape Girardeau Mo

20. FILED 3-17 1935 J.M. Harrison Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March-17 1935

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1935, to March 17, 1935.

I last saw him alive on _____, 19____. Death is said

to have occurred on the date stated above, at 11:30 p.m.

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

Ruptured ventricle
Sclerosis coronary arteries
9/4/35
Date of onset 3/17/35

Other contributory causes of importance:

Ruptured ventricle
from sclerosis coronary arteries
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? V 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 V
Nature of injury V

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) Wm H. Westcott, M. D.

(Address) Cape Girardeau Mo

