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

AUG 16 1935

Do not use this space.

23394

1. PLACE OF DEATH

County: Jasper — Registration District No.: 408 — File No.:

Township: Marion — Primary Registration District No.: 5562 — Registered No.:

City: Carthage (No. ..... St. ..... Ward)

2. FULL NAME: George Haverkamp

(a) Residence, No.: Route 4 St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred: 4 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: Mary Haverkamp

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 21, 1888

7. AGE: Years 46 — Months 10 — Days 24 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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.:

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. Louis Missouri

FATHER

13. NAME: — Haverkamp

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

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): " "

17. INFORMANT (ADDRESS): Mrs. Mary Haverkamp Route 4 Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Oak Cemetery DATE: July 29, 1935

19. UNDERTAKER (ADDRESS): Lucell Mortuary Carthage, Mo.

20. FILED: July 29, 1935 S. B. Colinton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1935, to July 26, 1935. Last saw h... alive on July 24, 1935. Death is said to have occurred on the date stated above, at ..... m.

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

Chronic myocardial insufficiency — Date of onset

Other contributory causes of importance: Coronary thrombosis

Name of operation: none Date of

What test confirmed diagnosis? none 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? No

If so, specify

(Signed) Floyd B. Clinton, M. D.

(Address) Carthage Mo.