

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

Do not use this space.

Suggert
88772

SEP 23 1935

1. PLACE OF DEATH

County *Miller* Registration District No. *562*
Township *Richwoods* Primary Registration District No. *5757*
City *Spring* (No. St. Ward)

File No.
Registered No.

2. FULL NAME

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Nancy Rebecca Hauser</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>April 16-1869</i>		
7. AGE YEARS <i>66</i>	MONTHS <i>3</i>	DAYS <i>14</i>
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Farmer</i>
	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) <i>Life</i>
	11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Morgan Co. Mo

FATHER 13. NAME *Andrew J. Hauser*

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
unknowen

MOTHER 15. MAIDEN NAME *Sadie Hutchison*

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
unknowen

17. INFORMANT (ADDRESS)
*Mrs. Rebecca Hauser
Spring Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Kauser, Mo* DATE *July 31*, 19*35*

19. UNDERTAKER (ADDRESS)
*C. L. Casey
Spring Mo*

20. FILED *Sept 7, 1935* *Mrs. W. D. von Grentz*
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 30*, 19*35*

22. I HEREBY CERTIFY, That I attended deceased from *July-12*, 19*35*, to *July-30*, 19*35*.
I last saw him alive on *July 29, 30*, 19*35*. Death is said to have occurred on the date stated above, at *7:30* a. m.

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

Robert Pneumonia

Septicemia

Other contributory causes of importance:
*Splenicemia and
Chronic Bright's*

Name of operation *none* Date of
What test confirmed diagnosis? *Clotted* 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? *No*
If so, specify

(Signed) *F. C. Suggert*, M. D.
(Address) *Spring Mo*

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.

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