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.

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

DEC 26 1935

Do not use this space.

36084

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No. [illegible]

City Kansas City (No. , St. Ward)

2. FULL NAME Dr. William F Haase

(a) Residence, No. 633 West 70th Terrace St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: 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 Mrs. Leah Haase

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 12 1894

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
41	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chemist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Breon Co.
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) Phil Penn

FATHER

13. NAME William F Haase
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saxony Germany

MOTHER

15. MAIDEN NAME Emma ----- Hook
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs Leah Haase 633 West 70th St Terrace

18. BURIAL, CREMATION, OR REMOVAL
PLACE Phil. Penn DATE Oct 12 1935

19. UNDERTAKER (ADDRESS) Quirk & Tobin Co. 20 West Linwood

20. FILED Nov 12 1935 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-10, 1935

22. I HEREBY CERTIFY, That I attended deceased from Coroner, to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 10:30 P m.

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

	Date of onset
Thrombosis of R. Coronary artery	
94 P	

Other contributory causes of importance: None

Name of operation no Date of

What test confirmed diagnosis? Was there an autopsy Yes

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) [illegible], M. D.

(Address) Coroner K. C. Mo