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

MAR 21 1936

Do not use this space.

6187

1. PLACE OF DEATH
County Jackson
Township ~~Kaw~~
City Kansas City (No. Lake Side Hospital St. Ward)
Registration District No.
Primary Registration District No.
File No.
Registered No. 1008

2. FULL NAME William Seymore Haas
(a) Residence, No. 906 Paseo. 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 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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 28th 1910
7. AGE YEARS 26 MONTHS DAYS 26 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Osteopathic College
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) Ohio

FATHER
13. NAME Jacob Haas
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Myrtle Riegler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan

17. INFORMANT (ADDRESS) Mr Jacob Haas Okmulgee, Okla
18. BURIAL, CREMATION, OR REMOVAL
PLACE Okmulgee, Okla DATE Feb 25 1936
19. UNDERTAKER (ADDRESS) Bergman Funeral Home
20. FILED 7/25 1936 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 24 1936
22. I HEREBY CERTIFY That I attended deceased from Deputy Coroner, 19 to , 19
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 3:50 a.m.
The principal cause of death and related causes of importance were as follows:
Gunshot wound of the head
Date of onset
Other contributory causes of importance:
No 167
Name of operation Autopsy 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? Suicide Date of injury 2/24/36
Where did injury occur? 906 Paseo Kansas City
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Shot self in head
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) , M. D.
(Address)