

MAR 25 1936

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

Do not use this space.

7356

1. PLACE OF DEATH

County St. Charles Registration District No. 755
Township Genevieve Primary Registration District No. 4453
City Augusta (No. _____) St. _____ Ward _____

File No. _____

Registered No. 3

2. FULL NAME

Bertha Helena Christine Haferkamp
(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 <u>F.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>M</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Edwin W. Haferkamp</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 8 - 1874</u>		
7. AGE	YEARS <u>61</u>	MONTHS <u>11</u>
	DAYS <u>23</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Handwork</u>	
	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) <u>Augusta, Mo</u> <u>Missouri</u>		
FATHER	13. NAME <u>Jerry Kneenchild</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Sophie Brehm</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>Mrs Edwin G Haupt</u> <u>Augusta Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>City Cemetery</u> DATE <u>Feb. 5</u> 19 <u>36</u>		
19. UNDERTAKER (ADDRESS) <u>Thelma Munsting</u> <u>Augusta Mo</u>		
20. FILED <u>Feb 5</u> 19 <u>36</u> <u>B. Mallinckrodt</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 2 1936
22. I HEREBY CERTIFY, That I attended deceased from Dec 27 1936, to Feb 2 1936
I last saw her alive on Feb 1 1936 Death is said to have occurred on the date stated above, at 7 A. m.
The principal cause of death and related causes of importance were as follows:

Bronchial pneumonia
acute rheumatic fever
562

Other contributory causes of importance:

acute myocarditis

Name of operation none Date of _____
What test confirmed diagnosis? chest 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?
If so, specify _____

(Signed) Frank H. Schueck, M. D.
(Address) Marthasville, Mo

Date of onset
Dec 27
2 hrs
Jan 15
2 wks
Jan 31
2 days

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.

RECORD WITH OBTAINING THIS IS A PERMANENT RECORD

APR 23 1967