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 CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 24 1936

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

Do not use this space.
20240

1. PLACE OF DEATH
County: Osage
Registration District No. 1124
Primary Registration District No. 5851a
File No. 3
Registered No. 3
Township: Valley Freeburg (No. ..... St. ..... Ward)

2. FULL NAME John Haugler
(a) Residence, No. Freeburg Mo. St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 1 yrs. 7 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): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 8 - 1863
7. AGE: Years 73 | Months 8 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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) Fish Fountain Mo

FATHER
13. NAME Ford Haugler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Dent Kunz
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dent Kunz

17. INFORMANT Harry J. Haugler (ADDRESS) 2145 N. Kearney St. Louis Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE St Louis DATE May 13 1936
19. UNDERTAKER Carl B. Springbarn (ADDRESS) Jefferson Mo
20. FILED June 10 1936 Mrs Dill Gueckler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10 1936
22. I HEREBY CERTIFY, That I attended deceased from May 2 1936, to May 10 1936
I last saw him alive on May 9 1936 Death is said to have occurred on the date stated above, at 1:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Name of operation ..... 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? ..... 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) Geo. L. A. Rezeklle, M. D.
(Address) Jefferson Mo