

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.

JUN 16 1936

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

Do not use this space.

22110

1. PLACE OF DEATH

County Buchanan Registration District No. 86
 Township Washington Primary Registration District No. 5/27
 City Washington (No. Buchanan County Infirmary) St. _____ Ward _____

File No. _____
 Registered No. 45

2. FULL NAME Charles Haffey

(a) Residence, No. Buchanan County Infirmary Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 31 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>February 12, 1869</u>		
7. AGE YEARS <u>67</u>	MONTHS <u>4</u>	DAYS <u>9</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Common Labor</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>State Hospital #2</u>		
10. Date deceased last worked at this occupation (month and year) <u>1935</u>		
11. Total time (years) spent in this occupation <u>35 Yrs</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Joseph Missouri</u>		
13. NAME <u>Charles E. Haffey</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Ireland</u>		
15. MAIDEN NAME <u>Ellen Murray</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Ireland</u>		
17. INFORMANT <u>Patrick Haffey</u> No. _____ (ADDRESS) <u>2101 St. Joseph Ave. St. Joseph</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Olivet Cemetery</u> DATE <u>June 23, 1936</u> <u>St. Joseph, Mo.</u>		
19. UNDERTAKER <u>H. C. Sidenfaden</u> (ADDRESS) <u>1802 Union Str. St. Joseph, Mo.</u>		
20. FILED <u>June 22, 1936</u> <u>W. T. Tadlock M.D.</u> <u>M.H.</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 21, 1936

I HEREBY CERTIFY, That I ~~attested~~ certified deceased from June 21, 1936, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 4:00A P. M.

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

Other contributory causes of importance:
arteriosclerosis

Name of operation None Date of _____

What test confirmed diagnosis? _____ 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?
 If so, specify James Thomas Brown, M. D.
 (Signed) _____ (Address) 731 Jackson

