

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

Do not use this space.

OCT 21 1936

33980

1. PLACE OF DEATH

County Bole

Registration District No. 213

Township

Primary Registration District No. 3014

City Jefferson City

(No. St. Marys Hospital)

File No. _____

Registered No. 260

St. _____ Ward _____

2. FULL NAME Martin Haverkott

(a) Residence, No. 1133 N. High St. St. _____ Ward _____

(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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Minnie Haverkott</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 30 - 1883</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>53</u>	<u>3</u>	<u>14</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Railroad Laborer</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) Holland

MOTHER FATHER 13. NAME William Haverkott

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holland

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Minnie Haverkott
(ADDRESS) 1133 N. High St. Jefferson City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's Cem. DATE Sept. 15 - 1936

19. UNDERTAKER Heinrich Funeral Home
(ADDRESS) Jefferson City, Mo.

20. FILED 9/14/36 1936 On file of M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 13 - 1936

22. I HEREBY CERTIFY, That I attended deceased from 9/12/36, 1936, to 9/13/36, 1936

I last saw him alive on 9/12/36, 1936. Death is said to have occurred on the date stated above, at 2:45 a.m.

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

Crushed chest + pelvis
2075

Other contributory causes of importance:

Injuries received when struck by train

Name of operation _____ 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? Accident Date of injury 9/12, 1936

Where did injury occur? Mrs. Jeff City, Mo.
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
On Mrs. Pas R.R. tracks

Manner of injury Struck by train when walking on it
 Nature of injury Crushed chest & pelvis

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____

(Signed) Superintendent, M. D.
 (Address) Jefferson City

