

OCT 22 1936

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

Do not use this space.

34836

1. PLACE OF DEATH

County LacledeRegistration District No. 449

Township

Primary Registration District No. 4267City Lebanon

(No. _____)

St. _____

Ward _____

2. FULL NAME

(a) Residence, No. Montreal Mo. 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

female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

James Granville Hauge

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Oct. 13 - 1911 -

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

24241111

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House wife

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)

Sept. 12, 1936

11. Total time (years) spent in this occupation

4 yrs.

12. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Montreal Mo.

FATHER

13. NAME

Paul Alexander

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Montreal Mo.

MOTHER

15. MAIDEN NAME

Nellie Phillips

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Montreal Mo.

17. INFORMANT

(ADDRESS)

Mr. Paul Alexander
Father

18. BURIAL, CREMATION, OR REMOVAL

PLACE

St. Louis

DATE

Sept. 24, 1936

19. UNDERTAKER

(ADDRESS)

Virgil Evans
St. Louis Mo.

20. FILED

10-5-1936 J. A. McComb

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Sept 19, 1936 to Sept 24, 1936I last saw her alive on Sept 23, 1936 Death is saidto have occurred on the date stated above, at 1700 m.

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

Carbonade on neck

Date of onset

Sept1236

Other contributory causes of importance:

Name of operation none Date of _____What test confirmed diagnosis? Physical exam Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury _____, 19____Where did injury occur? none

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury noneNature of injury none

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Phyllis M. D.(Address) W. D. M. D.

100

THE UNIVERSITY OF CHICAGO