

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.

NOV 23 1936

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

Do not use this space.

37219

## 1. PLACE OF DEATH

County De Kalb Registration District No. 262 File No. \_\_\_\_\_  
Township Washington Primary Registration District No. 4162 Registered No. 17  
City Stewartsville (No. \_\_\_\_\_) St. 1st Ward

2. FULL NAME Katherine Hausam

(a) Residence, No. \_\_\_\_\_ St. First Ward. (If nonresident, give city or town and State)  
(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. 1 mos. 27 ds. How long in U. S., if of foreign birth? 8 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jacob Hausam</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 1, 1849</u>		
7. AGE	YEARS <u>87</u>	MONTHS <u>6</u>
	DAYS <u>27</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>Housewife</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) <u>Rhine Pfalz, Bavaria</u> (STATE OR COUNTRY) <u>Germany</u>		
MOTHER FATHER	13. NAME <u>John Herhardt</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Rhine Pfalz, Bavaria</u> (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Katherine Herl</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Rhine Pfalz, Bavaria</u> (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT <u>Anna Hausam</u> (ADDRESS) <u>Stewartsville Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Stewartsville</u> DATE <u>Oct. 30</u> 19 <u>36</u>		
19. UNDERTAKER <u>J. F. Brown</u> (ADDRESS) <u>Stewartsville Mo</u>		
20. FILED <u>Oct 27</u> 19 <u>36</u> <u>J. E. Saunders</u> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 27 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 9 1936, to Oct 27 1936  
that saw her alive on Oct 27 1936. Death is said to have occurred on the date stated above, at 6 p m.

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

BronchopneumoniaDate of onset  
Oct 21

Other contributory causes of importance:

Cerebral hemorrhageJan 9

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? No.

If so, specify \_\_\_\_\_

(Signed) J. M. Arter M. D. O.(Address) Stewartsville Mo.

