

DEC 20 1936

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

Do not use this space.

41149

1. PLACE OF DEATH

County Jackson County
Township Jackson
City Kansas City Mo. (No. Home for Aged 5331 Highland)

Registration District No. 399
Primary Registration District No. 1609

File No. _____
Registered No. 4823
Ward _____

2. FULL NAME Richard Haller

(a) Residence, No. 5331 Highland Ave. St., _____ Ward. _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min. 89

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Germany

MOTHER 13. NAME Ferdinand Haller

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

15. MAIDEN NAME Pauline Muller

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

17. INFORMANT John Camille (ADDRESS) 5331 Highland Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys DATE Nov 3rd 1936

19. UNDERTAKER Quirk & Tabin (ADDRESS) Linwood & Main

20. FILED Nov 3 1936 M. M. Tomme Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 2nd 1936

22. I HEREBY CERTIFY, That I attended deceased from May 10 1936 to Oct 30 1936

I last saw him alive on Oct 30 1936. Death is said to have occurred on the date stated above, at 12.30 p.m.

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

Chronic Myocarditis Date of onset 5 yrs.

Other contributory causes of importance: Atherosclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? Physical 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? _____
Also, specify _____

(Signed) Clay J. Newber M. D.
(Address) Bryant Bldg
A. G. Ho

Every item of information should be carefully supplied. A CB should be stated where applicable. If not stated, the cause of death is very important. Exact statement of OCCUPATION is very important.

