

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

Do not use this space.

DEC 20 1936

41397

1. PLACE OF DEATH

County Jackson  
Township East  
City Kansas City (No. 4722, Virginia)

Registration District No. 399  
Primary Registration District No. 1002

File No. 5 1111  
Registered No. 5 (Ward)

2. FULL NAME

Joseph M. Haase

(a) Residence, No. 4722 Virginia St., Ward. \_\_\_\_\_  
(Usual place of abode)

(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 Male 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 27 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
42 10 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. cook  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pine Brass Co.  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (year) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo

13. NAME Joseph Haase

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

15. MAIDEN NAME Lena Plain

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Europa La

17. INFORMANT (ADDRESS) M. Chas. Haase 1500 W 5th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Coburn Cem. DATE Nov. 21 1936

19. UNDERTAKER (ADDRESS) Quinn + T. O'Brien Co. 2041 Richmond

20. FILED Nov 22 1936 M. M. Cronin  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 20 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 17 1936 to Nov 19 1936

I last saw him live on Nov 18 1936 Death is said

to have occurred on the date stated above, at U.M.

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

Acute lobar pneumonia 11/16/36  
Acute pulmonary edema 11/18/36  
Acute dilatation right side of heart

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? None 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? \_\_\_\_\_

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

(Signed) A. P. Streible, M. D.

(Address) 402 North Main Bldg.

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.

