

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

Do not use this space.

FEB 15 1937

281

1. PLACE OF DEATH
 County Buchanan Registration District No. 85
 Township Washington Primary Registration District No. 301
 City Saint Joseph (No. 612 1/2 Messanie Street) St. _____ Ward _____

File No. _____
 Registered No. 80
 St. _____ Ward _____

2. FULL NAME William Hautzenrader
 (a) Residence, No. 612 1/2 Messanie St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF -- Mrs. Lena Hautzenrader (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 24, 1861
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
75 10 29
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Packer for C. D.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Smith Drug Co.
 10. Date deceased last worked at this occupation (month and year) About 1933 11. Total time (years) spent in this occupation. 31 yrs.

12. BIRTHPLACE (CITY OR TOWN) Saint Joseph, (STATE OR COUNTRY) Missouri
 13. NAME William Hautzenrader
 14. BIRTHPLACE (CITY OR TOWN) UNKNOWN (STATE OR COUNTRY) Germany
 15. MAIDEN NAME Lizzie Young
 16. BIRTHPLACE (CITY OR TOWN) UNKNOWN (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Ed. Lueller (ADDRESS) 612 1/2 Messanie Street
 18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park Ceme Jan. 23 1937
 19. UNDERTAKER E. B. SIDENBAUGH FUNERAL HOME (ADDRESS) 602 South 10th Street
 20. FILED 1-21 1937 J. H. Nettles Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 21, 1937
 22. I HEREBY CERTIFY, That I attended deceased from 1.10.35 19... to 1.21.37 19...
 I last saw him alive on 1.21.37 19... Death is said to have occurred on the date stated above, at 6 A. m.
 The principal cause of death and related causes of importance were as follows:

Myo Cardiac
coronary
degeneration
degenerative
 Date of onset 12.1936

Other contributory causes of importance:
Chronic rheumatic
endocarditis
Endocarditis
 Name of operation None 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? _____ Date of injury _____, 19...
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify when injury occurred in industry, in home, or in public place.
 Manner of injury None
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) J. H. Nettles, M. D.
 (Address) St. Joseph, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

