

FEB 25 1937

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

Do not use this space.

1449

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. Research Hospital)

File No. 210
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Alfred J. Hauser

(a) Residence, No. 27432 Spruce 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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Dorothy H. Hauser</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June - 21 - 1901</u>		
7. AGE	YEARS <u>35</u>	MONTHS <u>6</u>
	DAYS <u>23</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>Sabourer</u>	11. Total time (years) spent in this occupation <u>2</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>221</u>	
	10. Date deceased last worked at this occupation (month and year)	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 14, 1937.

22. I HEREBY CERTIFY That I attended deceased from 1 - 11 -, 1937, to 1 - 14 -, 1937.
I last saw him alive on 1 - 14 -, 1937. Death is said to have occurred on the date stated above, at 2:45 P.M.
The principal cause of death and related causes of importance were as follows:
Septicemia following lymphangitis from infected finger
short chain streptococcus
Other contributory causes of importance:
Upper respiratory infection

Name of operation _____ Date of _____
What test confirmed diagnosis? Lab 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.
cut on finger while at work
Manner of injury _____
Nature of injury small laceration of finger

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify as above stated
(Signed) Do H. Wyatt _____, M. D.
(Address) 3850 Prospect

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

15. MAIDEN NAME Anna C. Schollkopf

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

17. INFORMANT Mrs H. Hauser
(ADDRESS) 27432 Spruce

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Moriah Date Jan - 16 - 37

19. UNDERTAKER Mrs. C. J. Chester
(ADDRESS) 913 Drexel

20. FILED Jan 15 1937 M. M. Brown Registrar.

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.

3850 Prospect

wa-6110