

21 20 MAR 18 1937

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

Do not use this space.

File No. 5612
Registered No. 12
St. _____ Ward _____

1. PLACE OF DEATH
29 County Cooper Registration District No. 218
Township _____ Primary Registration District No. 3015
City Brunnville, Mo (No. St. Joseph Hospital)
2. FULL NAME Mr. Harold Hainen
(a) Residence, No. Tipton, Mo St. _____ Ward _____
(Usual place of abode)
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 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) 8-20-1916
7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
20 5 16
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) 2-6-37
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tipton, Mo.

13. NAME Harold John Hainen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tipton, Missouri

15. MAIDEN NAME Bertha Baker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tipton, Mo.

17. INFORMANT (ADDRESS) John Hainen, Tipton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Tipton, Mo. DATE 2-9-37 1937

19. UNDERTAKER (ADDRESS) J. J. Dinkhoff, Tipton, Mo.

20. FILED Feb 8 1937 D. Cooper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 6 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 6 1937, to Feb 6 1937
I last saw him alive on Feb 6 1937. Death is said to have occurred on the date stated above, at 10 1/2 m.
The principal cause of death and related causes of importance were as follows:

Basal fracture of skull with severe cerebral injury.
Date of onset _____

Other contributory causes of importance: 210M

Name of operation None Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Feb 6 1937
Where did injury occur? Tipton, Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
on Federal road no 50
Manner of injury hit by auto mobile
Nature of injury brain injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Alexander Ravenway, M. D.
(Address) Brunnville, Mo

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.

