

MAR 22 1937

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

Do not use this space.

7057

1. PLACE OF DEATH

County Lincoln Registration District No. 491
Township Bedford Primary Registration District No. 4298
City Proy (No. _____) St. _____ (Ward)

File No. _____
Registered No. _____

2. FULL NAME Aida Virginia Haverkamp

(a) Residence, No. _____ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25-1885
7. AGE YEARS 50 MONTHS 8 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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) Proy Mo

13. NAME Lewis Coroner Wright

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

15. MAIDEN NAME Catherine Chandler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Co.

17. INFORMANT (ADDRESS) A. W. Haverkamp

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE 2-19-1937

19. UNDERTAKER (ADDRESS) Kempner Bros Proy Mo.

20. FILED 2-18-1937 McPearl Mueck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-17-1937
22. I HEREBY CERTIFY, That I attended deceased from 2-3-1937, to 2-17-1937
I last saw him alive on 2-17-1937 Death is said to have occurred on the date stated above, at 12:10 p.m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia
108
Other contributory causes of importance:
Cerebral thrombosis (2 yrs ago)

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) D. J. Harris M. D.
(Address) Proy 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.

JAN 18 1950