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.

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

JUN 17 1937

Do not use this space.

10514

1. PLACE OF DEATH
County: Buchanan — Registration District No.: 85 — File No.:
Township: — Primary Registration District No.: 1001 — Registered No.: 606
City: St. Joseph (No. State Hospital #2 St. Ward)

2. FULL NAME: Peter Halbauer — F. Halbauer
(a) Residence, No.: 1508 Benton Blvd. St.: Ward: 4 Kansas City, Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred — yrs. 2 mos. 20 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): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 28, 1850

7. AGE — YEARS: 86 — MONTHS: 10 — DAYS: 23 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
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): Austria

FATHER
13. NAME: Geo Halbauer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Austria

MOTHER
15. MAIDEN NAME: Barbara Oserniss
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Austria

17. INFORMANT (ADDRESS): State Hospital Records

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Kansas City, Mo DATE: May 24, 1937

19. UNDERTAKER (ADDRESS): Wagner Funeral Home Kansas City, Mo

20. FILED: MAY 24 1937, 19.... H. J. Vestkeuser, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5-21, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-4, 1937, to 5-21, 1937
I last saw him alive on 5-21-37, 19.... Death is said to have occurred on the date stated above, at 5:25 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	?

Other contributory causes of importance:
Senility

Name of operation: 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? 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? No
If so, specify:
(Signed): E. E. DeLong, M. D.
(Address): State Hosp #2