

OCT 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County  
Township  
City

Vermon  
G  
Nevada

Registration District No.  
Primary Registration District No.

975  
3039

File No.  
Registered No.

35538  
234

St. Ward

2. FULL NAME

Roy Haep

(a) Residence, No.  
(Usual place of abode)

St. Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Myrtle Hall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 5 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 60 7 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

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) 9-13-1937 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maysville Mo

13. NAME Char. W. Haep

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cameron Mo

15. MAIDEN NAME Mary E. Polter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Mo

17. INFORMANT Myrtle Hall (ADDRESS) Nevada Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Berea DATE

19. UNDERTAKER Our Waagow (ADDRESS) Newark Mo

20. FILED Sep 13 1937 Allen S. Hays Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 13 1937

22. I HEREBY CERTIFY That I attended deceased from Dec 27 1936 to Sept 13 1937

I last saw him alive on Aug 15 1937 Death is said to have occurred on the date stated above, at... m.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis (Died in 10 min) 9:37

Other contributory causes of importance: Hypertensive heart disease 2 yrs

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) Roy Haep M. D.

(Address) Nevada 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.

OCCUPATION

FATHER MOTHER

✓

