

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

Do not use this space.

2614

1. PLACE OF DEATH
 35 County Plumblin Registration District No. 288
 Township Independence Primary Registration District No. 5406
 City Kennett, Mo. (No. _____) St. _____ Ward _____

2. FULL NAME Mrs. Etta Dwalls Haas J.O.
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married -

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry J. Haas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 25/1873

| | | | | |
|--------|-----------|----------|----------|--|
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
| | <u>64</u> | <u>3</u> | <u>6</u> | |

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

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 _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 1 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-13-1937, to 1-1-1938
 I last saw her alive on 12-21-1937 Death is said to have occurred on the date stated above, at 3:22 P.M.

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

Lobar Pneumonia Date of onset _____
pt.

Other contributory causes of importance:

hypertension
arteriosclerosis
arterial fibrillation

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) J. H. Kerney, M. D.
 (Address) Kennett, Mo.

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

MOTHER / FATHER

13. NAME John Dwalls

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

15. MAIDEN NAME Nancy Spritch

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

17. INFORMANT W. M. Staughter
 (ADDRESS) R-2- Kennett, Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Bugary DATE 1/2 38

19. UNDERTAKER Paul Salway
 (ADDRESS) Kennett, Mo

20. FILED 1-7 1938 Theriodors
 Registrar.

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.

RECEIVED

FEB 24 1938

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MO. STATE BOARD OF HEALTH