

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

Do not use this space.

2/1

2712

**1. PLACE OF DEATH**

31 County Gasconade Registration District No. 303.  
 2 Township ..... Primary Registration District No. 4182.  
 0 City Hermann (No. ...., ..... St. .... Ward)

File No. ....  
 Registered No. ....

**2. FULL NAME** Mary Magdaline Haeffner 156  
 (a) Residence, No. 119 N. Fourth St., ..... Ward. (If nonresident, give city or town and State)  
 (Unial place of abode)  
 Length of residence in city or town where death occurred 70 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** Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** Widowed  
**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** Phillip Haeffner  
**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** Mar. 18, 1850  
**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
87 10 5

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** 1-23, 1938  
**22. I HEREBY CERTIFY.** That I attended deceased from Jan 22 - 1938, to Jan 23, 1938  
 I last saw her alive on Jan 22, 1938. Death is said to have occurred on the date stated above, at 7 A.M.  
 The principal cause of death and related causes of importance were as follows:

**OCCUPATION**  
**8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.** Hwf  
**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)** 1920 **11. Total time (years) spent in this occupation** 50

Other contributory causes of importance: Senility  
 Date of onset

**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Hermann Mo  
**13. NAME** John Frechmann  
**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Unkown  
**15. MAIDEN NAME** Unkown  
**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Unkown

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... 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 .....

**17. INFORMANT** Mrs. Sam Baumgaertner Jr  
 (ADDRESS) Hermann, Mo  
**18. BURIAL, CREMATION, OR REMOVAL**  
 PLACE Hermann City Cem DATE 1-26 '38  
**19. UNDERTAKER** Hugo H. Blumer  
 (ADDRESS) Hermann, Missouri  
**20. FILED** 1-25 1938

**24. Was disease or injury in any way related to occupation of deceased?** No  
 If so, specify .....  
 (Signed) Howard Workman, M. D.  
 (Address) Hermann 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.

Register

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