REC'D JUL 11 1938

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

Do not use this space.

1. PLACE OF DEATH
County Warren
Township Charrette
City Treloar (No. ..... , ... St. ..... Ward)

Registration District No. 884
Primary Registration District No. 6126

File No. 23187
Registered No. 15

2. FULL NAME Henry H Hasenjaeger 252

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 36 yrs. mos. 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb.16-1873

7. AGE: YEARS 65 | MONTHS 3 | DAYS 21 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tavern Keeper
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) June 6-1938
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holstein, Missouri

FATHER
13. NAME Adolph Hasenjaeger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsburg Penn.

MOTHER
15. MAIDEN NAME Minnie Niemeyer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Annette Hasenjaeger Treloar Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Holstein, Mo. DATE June 9-1938

19. UNDERTAKER (ADDRESS) Fred Wechtenberg Mascheville Mo

20. FILED Jun 9, 1938 G C Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6 A m.
The principal cause of death and related causes of importance were as follows:

Coming in Contact with 2300 Volt electric Wire.

Date of onset

Other contributory causes of importance: 19 3 4

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? Accident Date of injury June 7, 1938
Where did injury occur? In Treloar Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In public street
Manner of injury Electric Shock
Nature of injury Electrocution

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Dr. F. H. Knigge Coroner, M. D.
(Address) Warrenton 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.