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.

REC'D NOV 14 1938

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

35085
Do not use this space.

1. PLACE OF DEATH
(a) County Boone
(b) Township
(c) City Columbia
(d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 73
Primary Registration District No. 3006
Registered No. 255

2. PRINT FULL NAME Charley J. Haas.
(a) Residence, No. 413 So. 5th St.
(Usual place of abode, if no street address, write county or city)
(If nonresident, give city or town and State)

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~~: Elizabeth Haas
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 7-7-1856
7. AGE: YEARS 82 | MONTHS 23 | DAYS 19 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Retired R.R. Employee
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): Holland New York 1

FATHER
13. NAME: John Haas 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 6

MOTHER
15. MAIDEN NAME: Elizabeth Bihr
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany.

17. INFORMANT (ADDRESS): Mrs John Brady, Columbia, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Hamburg, N.Y. DATE 10-29 1938
19. FUNERAL DIRECTOR (ADDRESS): W. H. Vandeventer, Columbia, Mo.
20. FILED 10/26/1938 Allie Selby, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 26 - 1938
22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to Oct 26, 1938
I last saw him alive on Oct. 19th, 1938. Death is said to have occurred on the date stated above, at 2 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchiastosis	
Bronchiectasis	

Other contributory causes of importance: Senility 106 B -

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? 29
If so, specify .....
(Signed) [signature], M. D.
74 (Address) Columbia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, C. J. Vandewinter, Licensed Embalmer No. 2494

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed C. J. Vandewinter

Licensed Embalmer No. 2494

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)