

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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 MAY 19 1939

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

Do not use this space.

15957

1. PLACE OF DEATH

County St Charles Registration District No. 75-6
 Township West Alton Primary Registration District No. 5-997
 City West Alton (No., St. Ward)

2. FULL NAME Richard A Havener

(a) Residence, No. West Alton St. Ward. (If nonresident, give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred 67 yrs. 6 mos. 3 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 Maud Havener
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 1 1871
 7. AGE YEARS 67 MONTHS 4 DAYS 3 If LESS than 1 day, hrs. or min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bridge Co
 10. Date deceased last worked at this occupation (month and year) Dec 15 1957 11. Total time (years) spent in this occupation 34 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Alton Mo

FATHER
 13. NAME Jos Havener

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

MOTHER
 15. MAIDEN NAME Nancy Schumake

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

17. INFORMANT (ADDRESS) Mr L. L. Vile

18. BURIAL, CREMATION, OR REMOVAL PLACE West Alton Mo DATE April 7 1939

19. UNDERTAKER (ADDRESS) John A. ...

20. FILED April 12 1939 Rae Barnard Registrar. Sub.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4 1939
 22. I HEREBY CERTIFY, That I attended deceased from July 12 1931 to April 4 1939
 last seen alive on April 4 1939. Death is said to have occurred on the date stated above, at 4 P. m.
 The principal cause of death and related causes of importance were as follows:

Diabetes long term, 1 year of left foot & leg.
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 Other contributory causes of importance:
Diabetes Mellitus past 8 years.

Name of operation none Date of ...
 What test confirmed diagnosis? clinical 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? No
 If so, specify
 (Signed) E. A. Barnard, M. D.
 (Address) Postage Res. Div. No

DEC 21 1948