JUL 18 1939

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

23034
Do not use this space.

1. PLACE OF DEATH
(a) County Randolph
(b) Township or City
(c) City Moberly
Registration District No. 735
Primary Registration District No. 3034
Registered No. 107
(d) Street No. McCormick Hospital 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.

2. PRINT FULL NAME Ola Bell Haak
(a) Residence, No. RFD Moberly Mo. St. Sugar Creek Randolph Co.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

83
6
3

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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 Charles Haak
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7th 1881
7. AGE: Years 57 Months 10 Days 24 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as saw mill, bank, etc.
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) Mo

FATHER
13. NAME John V Given
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Addie Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT (ADDRESS) Chas Haak RFD Moberly Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Moberly Mo DATE June 3rd 1939

19. FUNERAL DIRECTOR (NAME) Mahan and Son
(ADDRESS) Moberly Mo

20. FILED June 3 1939 Leah Trueblood
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1st 1939

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1939 to June 1, 1939
I last saw her alive on May 31, 1939 Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix	3 yrs ago

Other contributory causes of importance:

Name of operation none Date of —
What test confirmed diagnosis? Clinical & Path. 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

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Martin S. Hunter M. D.
(Address) Moberly Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

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

RECEIVED
District Health Officer No. 10
District File No. 7-39-1253
Date Filed JUL 12 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Frank D. DeWett

Licensed Embalmer No. 8021

P. O. Address Moberly Mo.

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

If this body is not embalmed, above space should be left blank.