

DEC 15 1939

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

Do not use this space.

39788

1. PLACE OF DEATH
 County Holt Registration District No. 369
 Township Union Primary Registration District No. 5515
 City Craig (No. _____) St. _____ Ward _____
 2. FULL NAME Mr. William Andrew Haer
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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) Emma Louise Haer
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 29, 1864
 7. AGE YEARS 74 MONTHS 11 DAYS 28 If LESS than 1 day, hrs. or min.
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. on farm
 10. Date deceased last worked at this occupation (month and year) Nov. 27, 1939 11. Total time (years) spent in this occupation life
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Craig, Mo.
 FATHER
 13. NAME Mr. George Haer
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 MOTHER
 15. MAIDEN NAME Miss Lena Walters
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 17. INFORMANT General Randall Craig, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE F.O.O.F. DATE 11/30 1939
 19. UNDERTAKER Scholar Bros. (ADDRESS) Craig, Mo.
 20. FILED Nov. 29, 1939 Walter Anderson Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-27 1939
 22. I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1939, to Nov 27, 1939
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 6 p.m.
 The principal cause of death and related causes of importance were as follows:
Acute Myocarditis Date of onset 1939
 Other contributory causes of importance: 92 W
 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 _____
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) J. O. Thuman, M. D.
Craig, Mo. (Address) 330

Every item of information should be carefully supplied. Age should be stated EXACTLY. OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

RECEIVED

District Health Officer No. 11;

District File Number 1239-1707

Date Filed DEC 14 1939