

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

Do not use this space.

2164

FEB 27 1934

1. PLACE OF BIRTH

County Phelps
Township Raela
City Raela (No. _____)

Registration District No. 677
Primary Registration District No. 4403

File No. _____
Registered No. 8 St. _____ Ward)

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 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

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sophia Haas
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16 1859
7. AGE YEARS MONTHS DMS IF LESS than 1 day, hrs. or min.
74 7 3

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.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

MOTHER FATHER
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin

13. NAME Fredrick Haas

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

15. MAIDEN NAME Katherine Koch

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

17. INFORMANT (ADDRESS) Walter Haas Raela, Mo.

18. BURIAL, CREMATION, OR REMOVAL Cathedral DATE May 1-21-34

19. UNDERTAKER (ADDRESS) Harry K. McLaw Raela, Mo.

20. FILED Jan. 20, 1934 Jos. F. Cayer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1934, to Jan 19, 1934

I last saw him alive on Jan 19, 1934 Death is said to have occurred on the date stated above, at 119 a.m.

The principal cause of death and related causes of importance were as follows:

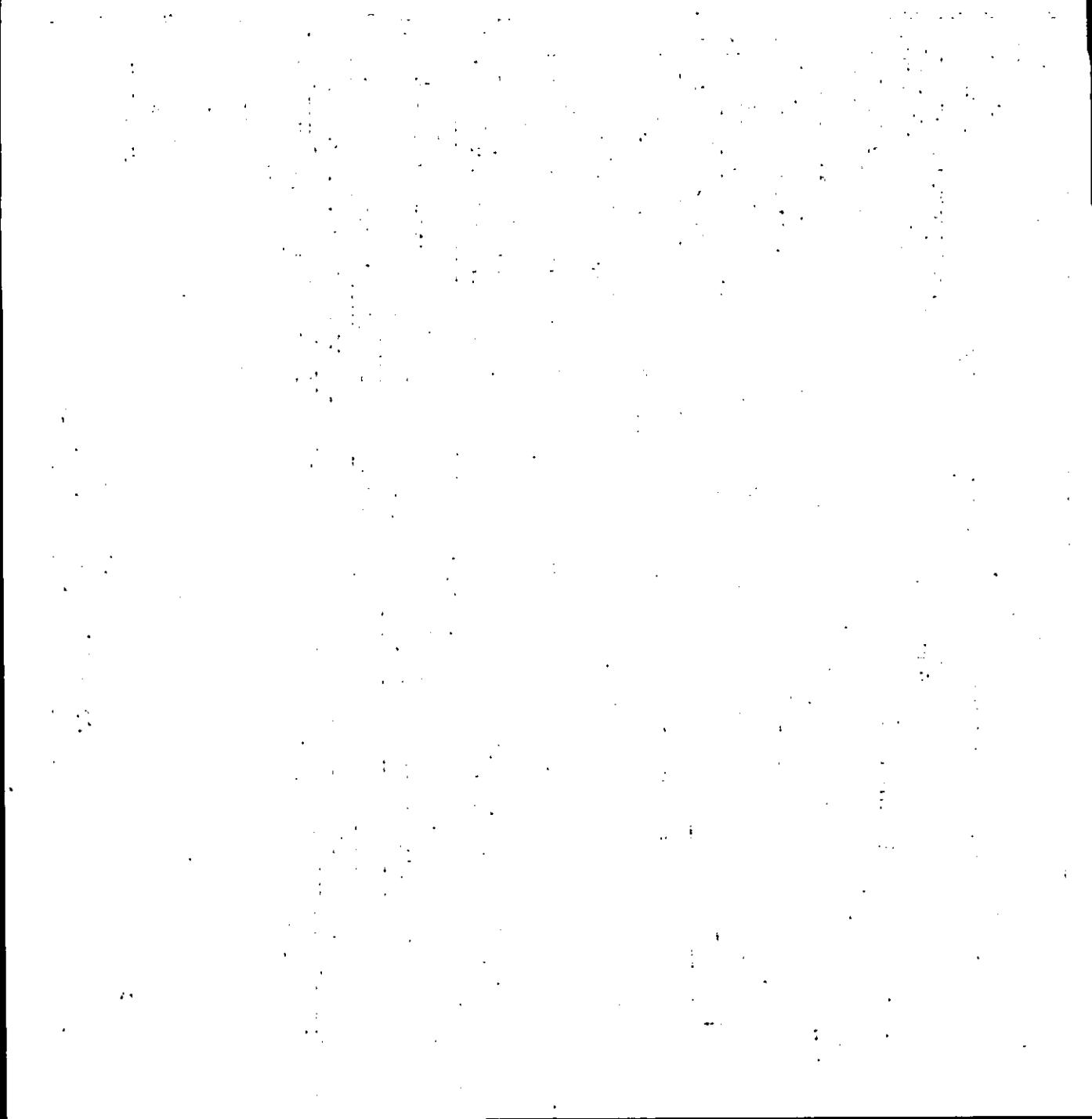
Date of onset _____
Accident - 1943
Dynamite - explosion
Other contributory causes of importance:

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 Jan 18, 1934
Where did injury occur? Raela, Mo. No. P. 7
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Industry
Manner of injury The nature of explosion
Nature of injury Dynamite

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Walter Haas, M. D.
(Address) Raela, Mo.



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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Phelps
Township Polla
City Polla (No.) St. (Ward)

Registration District No. 677
Primary Registration District No. 4403

File No. 2164
Registered No.

2. FULL NAME

John Hase

(a) Residence, No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 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

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
	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)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)				
FATHER	13. NAME			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
17. INFORMANT (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19...				
19. UNDERTAKER (ADDRESS)				
20. FILED <u>April 10, 1934</u> <u>Jos. F. Myers</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 19, 1934

22. I HEREBY CERTIFY That I attended deceased from, to, 19....

I last saw h. alive on, 19.... Death is said to have occurred on the day stated above, at m.

The principal cause of death and related causes of importance were as follows:

Accident
Dynamite
Explosion

Other contributory causes of importance:
Was using dynamite to clear a spring and bulge same - was by self when accident happened

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 1-18, 1934
Where did injury occur? At home - farm (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home - farm

Manner of injury mined left leg and side
Nature of injury of face

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed), M. D.
(Address)

SUPPLEMENTARY

REGISTRATION SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-2164