

OCT 22 1935

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

Do not use this space.

29566

## 1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Asaw Primary Registration District No. 1002  
City Kansas City (No. 1608 Oakley) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 3578

## 2. FULL NAME

Henry Hassold

(a) Residence, No. 1608 Oakley St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

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.

## 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 Katherine Hassold  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 21-1847  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
87 9 24 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired  
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) Germany

13. NAME Louis Hassold

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

15. MAIDEN NAME Marie Hintzen

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

17. INFORMANT Mrs. Marie Baulton  
(ADDRESS) 1608 Oakley

18. BURIAL, CREMATION, OR REMOVAL PLACE Brookings DATE Sept 16 1935

19. UNDERTAKER Rose Henderson  
(ADDRESS) 154 Jackson

20. FILED Sept 15 1935 M. M. Cerow  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 13 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 29 1935 to Sept 18 1935

I last saw him alive on Sept 10 1935. Death is said to have occurred on the date stated above, at 3:30 m.

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

Broncho-Pneumonia Date of onset Sept 10

Other contributory causes of importance:

Fracture of Right Hip Aug 29, 1935 at General Hospital 7 days.

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 Fall on floor

Nature of injury Fractured hip

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

If so, specify \_\_\_\_\_

(Signed) W. R. Justice, M. D.

(Address) 1529 Taylor

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.

