

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.

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

752

PLACE OF DEATH
County Ray
Township _____
or
Village _____
or
City Richmond (NO. _____) (St. _____ Ward _____)

Registration District No. 744 File No. _____
Primary Registration District No. 3035 Registered No. 9

FULL NAME Joe Haniel

(If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female COLOR OR RACE: White SINGLE MARRIED WIDOWED OR DIVORCED: (Write the word)

DATE OF BIRTH: Jan 28, 1910 (Month) (Day) (Year)

AGE: _____ yrs. _____ mos. _____ ds. If LESS than 1 day, _____ hrs. or _____ min.?

OCCUPATION (a) Trade, profession, or particular kind of work: Naunt
(b) General nature of industry, business, or establishment in which employed (or employer): Naunt

BIRTHPLACE (City or town, State or foreign country): Richmond

PARENTS

NAME OF FATHER: Mr. Roberts
BIRTHPLACE OF FATHER (City or town, State or foreign country): Richmond Mo
MAIDEN NAME OF MOTHER: Unknown
BIRTHPLACE OF MOTHER (City or town, State or foreign country): Unknown

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Jan 29, 1910 (Month) (Day) (Year)

I HEREBY CERTIFY that I attended deceased from Jan 29, 1910, to Jan 29, 1910, that I last saw her alive on Jan 29, 1910, and that death occurred, on the date stated above, at 6 A. M.

The CAUSE OF DEATH* was as follows:
Pressure on cord during birth
160 B.

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) E. T. W. Young M. D.
Jan 30, 1910 (Address) Richmond Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted if not at place of death? _____

Former or usual residence _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Robert Manning
(ADDRESS) Richmond Mo

Filed Jan 30, 1910, R. L. Haverth REGISTRAR

PLACE OF BURIAL OR REMOVAL: Richmond Mo DATE OF BURIAL: Jan 30, 1910
UNDERTAKER: E. L. Stewart & Co ADDRESS: Richmond