

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

Do not use this space.

2215

1. PLACE OF DEATH

County Monticau
Township Moravian
City Clarksburg (No.)

Registration District No. 1095
Primary Registration District No. 4336

File No.
Registered No.
St. Ward)

2. FULL NAME Doulor Alvaro Hauhin

(a) Residence, No. 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 <u>Male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 28-1853</u>		
7. AGE YEARS <u>80</u>	MONTHS <u>6</u>	DAYS <u>7</u>
		If LESS than 1 day,hrs. ormin.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

13. NAME David H. Hauhin

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

15. MAIDEN NAME Ann Matilda Powers

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

17. INFORMANT Hauhin Hauhin (ADDRESS) Clarksburg MS

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Moriah Cem DATE 1/4 1936

19. UNDERTAKER Hilleman & Friedmaner (ADDRESS) California Mo

20. FILED 1-9 1936 J. E. Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

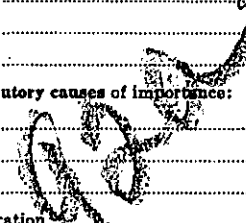
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from December, 1934, to Jan. 2, 1936

I last saw her alive on Jan. 2, 1936. Death is said

to have occurred on the date stated above, at 8:30 p. m.

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

<u>Mital Insufficiency</u>	Date of onset
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? 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) G. S. Wilson, M. D.
(Address) Fortuna, Missouri

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.

