

John Haney d. June 27, 1917

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.

1 PLACE OF DEATH

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

County
Township
Village of St. Louis
City St. Louis (NO. 15237, 1524 Ward)
Registration District No. 791 File No. 24077
Primary Registration District No. 1003 Registered No. 6837
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME John Haney

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED Married
(Write the word)

6 DATE OF BIRTH Feb. 16 1887
(Month) (Day) (Year)

7 AGE 30 yrs. 4 mos. 11 da. If LESS than 1 day.....hrs. or.....min.?

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

9 BIRTHPLACE England
(City or town, State or foreign country)

PARENTS
10 NAME OF FATHER Michael Haney
11 BIRTHPLACE OF FATHER Ireland
12 MAIDEN NAME OF MOTHER Paula Barnett
13 BIRTHPLACE OF MOTHER Ireland
(City or town, State or foreign country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Richard

(Address) Bozeman Office

15 Filed 26 1917 Mar 27 1917

3 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 27 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from 1917 to 1917
that I last saw him alive on June 27, 1917 and that death occurred, on the date stated above, at 4:30 pm.

The CAUSE OF DEATH was as follows:
Stroke

(Signed) W. H. Q. (Duration) 7 yrs. 10 mos. 10 da.
CONTRIBUTORS John Haney
(Secretary)

(Signed) W. H. Q. (Duration) 7 yrs. 10 mos. 10 da.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) 1917 (Address) Bozeman

19 PLACE OF BURIAL OR REMOVAL Bozeman DATE OF BURIAL June 29 1917

20 DEPARTMENT Bozeman ADDRESS Bozeman

W. H. Q.