

Thomas Francis Haney d. Jan. 1, 1919  
 husband of Rose Haney (1)  
 Bertha Haney (2)

WRITE CLEARLY, 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

1. PLACE OF DEATH

County..... Registration District No. 7051  
 Township..... Primary Registration District No. 1009 File No. 912 3163  
 City..... (If nonresident give city or town and State)  
 State.....  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

2. FULL NAME

Thomas Francis Haney  
 Residence, No. 1510 N. Jefferson Ward 19  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED  
 HUSBAND OF Bertha Haney  
 (Name of deceased)

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 10, 1879

7. AGE Years 39 Months 4 Days 21 If less than 1 day, state hrs. min.

8. OCCUPATION OF DECEASED Port tender  
 (a) Trade, profession, or particular kind of work  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis  
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER Michael Haney

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ireland  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Catherine O'Leary

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ireland  
 (STATE OR COUNTRY)

14. INFORMANT Bertha Haney, wife  
 (Address) 1510 N. Jefferson  
 15. 3191 Mar 6 1919 Miss G. Stewart  
 (Address) (Date) (Name and Position)

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 1, 1919

17. I HEREBY CERTIFY That I attended deceased from Jan 1, 1919 to Jan 1, 1919 and that I last saw him alive on Dec 19, 1918 and that death occurred, on the date stated above, at St Louis, Mo  
 THE CAUSE OF DEATH WAS AS FOLLOWS:  
Autonomy ulcerations  
11A  
 CONTRIBUTORY High Cholesterol  
 (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED St Louis Mo  
 IF NOT AT PLACE OF DEATH: DATE OF 18  
 DID AN OPERATION PRECEDE DEATH? No

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cemetery Emulon  
 (1) Name and Nature of Burial, and (2) Whether Accidental, Burial, or Cremation. (See reverse side for additional space.)  
 20. UNDERTAKER Berglund W Co  
 ADDRESS 4111 Washington

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cemetery Emulon  
 DATE OF BURIAL Jan 4 1919

20. UNDERTAKER Berglund W Co  
 ADDRESS 4111 Washington