

PLACE OF DEATH

Local No. 902 ^K

STANDARD CERTIFICATE OF DEATH

County Delaware

INDIANA STATE BOARD OF HEALTH

Township of Center

DIVISION OF VITAL STATISTICS

Registered No. 32952

Town Muncie

or City Muncie No. _____ St.

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

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.

FULL NAME John Haas

Residence: No. 2313 Mock Avenue St.

(Usual place of abode)

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White Single, Married, Widowed or Divorced (write the word) Married

NAME OF HUSBAND OR WIFE (of deceased) Nora May Haas

DATE OF BIRTH (of deceased) October 1 1879

AGE 57 years 0 months 28 days If LESS than 1 day, hrs. or min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ball Brothers Company

Date deceased last worked at this occupation _____ Total time (years) spent 30 yrs

BIRTHPLACE (State or country) Fulton Co., Ohio

FATHER NAME Harry Haas

FATHER BIRTHPLACE (State or country) Germany

MOTHER MAIDEN NAME Caroline Whetstone

MOTHER BIRTHPLACE (State or country) Pa.

INFORMANT Mrs. Nora May Haas (Address) 2313 Mock Ave., Muncie, Indiana

PLACE OF BURIAL OR REMOVAL Elm Ridge Cemetery Date Oct. 31, 1936

UNDERTAKER M. J. Weeks & Sons ADDRESS Muncie, Indiana

WAS THE BODY EMBALMED? Yes EMBALMER'S LICENSE No. 2400

Filed Oct 30 1936 Dr. R. Duran Health Officer or Deputy

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 29 1936
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from March 14 1930 to Oct 29 1936 and that death occurred, on the date stated above, at 6:00 P. M.

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

51
Pyelitis carcinoma of urinary bladder Duration 6 years

Other contributory causes of importance:

Pulmonary Tuberculosis
Name of operation supp. pubes cystostomy for pyelitis carcinoma Date of 8-2-36
What test confirmed diagnosis? biopsy Was there an autopsy? No

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 _____

Was disease or injury in any way related to occupation of deceased? No

(Signed) E. L. Roach, M. D.
La. 22, 1936 (Address)

PERSON ACTUALLY DIED, NOT WHERE LIVED.