DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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

Local No. [illegible]

Registered No.

1. PLACE OF DEATH:
County Delaware
City or town Muncie (If outside city or town limits, write RURAL)
Street address, hospital, or institution 1927 East 17th Street
Stay in hospital or inst. (yrs., mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State Indiana County Delaware
City or town Muncie (If outside city or town limits, write RURAL)
Street No. 1927 East 17th (If rural give LOCATION)
2. (a) IF VETERAN, NAME WAR World War #1

3. (a) FULL NAME August Haas
3. (b) Social Security Number 307-07-3548

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Married
6. (b) Name of husband or wife [illegible] Haas
6. (c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.) August 29, 1894
8. AGE: Years 48 Months 10 Days 18 If less than one day ____ hrs. ____ min.
9. Birthplace Defiance, Ohio (Town, county and state)
10. Usual occupation Foreman
11. Industry or business Ball Brothers Company
FATHER
12. Name Henry Haas
13. Birthplace Germany
MOTHER
14. Maiden name Caroline Whitestone
15. Birthplace Pennsylvania
16. Informant Mrs. [illegible] Haas
Address 1927 E. 17th St., Muncie, Indiana
17. Burial Date thereof July 19, 1943
(Burial, cremation, or removal (Which?)) (month) (day) (year)
Cemetery or crematory Elm Ridge
Location Muncie, Ind.
18. Funeral director M. L. Meeks & Sons
Address Muncie, Indiana
Filed [illegible], 19[illegible] John H. [illegible], M.D.

MEDICAL CERTIFICATION
20. DATE OF DEATH July 17, 1943, at 3:00 A. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7/17 1942 to 7/17 1943
and that I last saw h____ alive on ____ 19__

	DURATION
Immediate cause of death: [illegible] Bronchial Pneumonia	2 days
Due to: Silicosis	?
Due to: [illegible]	

Other conditions.
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy [illegible]

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Injured at work? Means of injury
23. SIGNATURE L. R. [illegible] M.D.
Address Muncie, Ind. Date signed 7/17/43