

STATE OF OHIO  
DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Williams

Township

or Village

or City of

Length of residence in city or town where death occurred

2 FULL NAME

Henry Haas

(a) Residence. No.

(Usual place of abode)

Registration District No.

1375

File No.

27524

Primary Registration District No.

3462

Registered No.

29

No.

St.

Ward

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

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

Did Deceased Serve in

U. S. Navy or Army.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. Single, Married, Widowed, or Divorced (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of

(or) WIFE of

Anna Haas

6. DATE OF BIRTH (month, day, and year)

Mar 4-1866

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

69

1

11

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

Laborer

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

7899

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or country)

Germany

13. NAME

don't know

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

don't know

16. BIRTHPLACE (city or town)

(State or country)

The Signature of

Anna Haas

17. INFORMANT

and (Address)

S. Main St. Bryan Ohio

18. BURIAL, CREMATION, OR REMOVAL

Place

Bryan Ohio

Date Apr 17 1935

19. UNDERTAKER

(Address)

The Hon. A. D. Berlin

19a. Was body embalmed

yes

Embalmer's No.

3054a

20. FILED

Apr 17 1935

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from

April 13, 1935 to April 15, 1935

I last saw ~~her~~ alive on April 17, 1935 death is said

to have occurred on the date stated above at 300 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:

Date of onset

Cancer of stomach and  
knives  
46

CONTRIBUTORY CAUSES of importance not related to principal cause:

Name of operation none

Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury None 1935

Where did injury occur? None (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)

T. E. Schrader

M. D.

Date

4-17-1935

Address

Bryan, O.

OCCUPATION is very important. See instructions on back of certificate.