

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

22692 ~~22152~~  
File No.

PLACE OF DEATH

County Dunklin

Township Salem

Village \_\_\_\_\_

City \_\_\_\_\_ (NO. \_\_\_\_\_)

Registration District No. 290

Primary Registration District No. 5408

Registered No. 57

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

FULL NAME Odis Haynie

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE <u>Single</u> MARRIED WIDOWED OR DIVORCED <small>(Write the word)</small>
DATE OF BIRTH <u>June 16, 1888</u> (Month) (Day) (Year)		
AGE <u>6</u> yrs. <u>21</u> ds.		If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION  
(a) Trade, profession, or particular kind of work none  
(b) General nature of industry, business, or establishment in which employed (or employer) none

BIRTHPLACE  
(City or town, State or foreign country) Cassine Miss

PARENTS	NAME OF FATHER <u>Uel Haynie</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Cassine Miss</u>
	MAIDEN NAME OF MOTHER <u>Maggie Huff</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Cassine Miss</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Uel Haynie

(ADDRESS) Senath Mo

Filed 7/15 1912 W.E. Handley

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from July 5, 1912, to July 6, 1912, that I last saw him alive on July 5, 1912, and that death occurred, on the date stated above, at 3 A. m.

The CAUSE OF DEATH\* was as follows:

Minimizing acute  
10/11 7/15/12  
Spasmodic  
(Duration) \_\_\_ yrs. \_\_\_ mos. 2 ds.

Contributory None  
(SECONDARY) (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

(Signed) T. H. Pfeiffer M. D.  
July 6, 1912 (Address) Senath Mo

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. In the State \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

Where was disease contracted If not at place of death? \_\_\_\_\_

Former or usual residence \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL McGrew Cemetery DATE OF BURIAL 7/6, 1912

UNDERTAKER L. P. McDaniel ADDRESS Senath Mo

This document may be properly classified as "CONFIDENTIAL" if it contains information that is not to be disseminated outside the agency.

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# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sar-*

*coma*, etc., of \_\_\_\_\_ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



## PLACE OF DEATH

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

County Franklin Registration District No. 290 File No. 22692  
 Township Salem Primary Registration District No. 5408 Registered No. 37  
 or  
 Village \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 or  
 City \_\_\_\_\_ (NO. \_\_\_\_\_)

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

## FULL NAME

Odie Haynie

## PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED single  
 (Write the word)  
 DATE OF BIRTH June 16, 1906  
 (Month) (Day) (Year)  
 AGE 6 yrs. 21 mos. 21 ds. IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION (a) Trade, profession, or particular kind of work none  
 (b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE Cassine Miss.  
 (City or town, State or foreign country)  
 NAME OF FATHER Dee Haynie  
 BIRTHPLACE OF FATHER Cassine Miss.  
 (City or town, State or foreign country)  
 MAIDEN NAME OF MOTHER Maggie Huff  
 BIRTHPLACE OF MOTHER Cassine Miss.  
 (City or town, State or foreign country)

I AM TRUE TO THE BEST OF MY KNOWLEDGE

(Signature) Dee Haynie  
 ADDRESS Senath Mo.

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 6, 1912  
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from July 5, 1912, to July 6, 1912,  
 that I last saw him alive on July 5, 1912,  
 and that death occurred, on the date stated above, at 3 p. m.

The CAUSE OF DEATH\* was as follows:

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory \_\_\_\_\_  
 (SECONDARY) (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) \_\_\_\_\_ M. D.  
July 6, 1912 (Address) Senath Mo.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Where was disease contracted  
If not at place of death?

Former or usual residence \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL

McBrew Cem.

DATE OF BURIAL

7-6, 1912

UNDERTAKER

C.P. McLanier

ADDRESS

Senath Mo.

REGISTRAR

File, date JUL, 1912

All information called for must be written on this Supplementary Certificate.

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[Approved by U. S. Census and American Public Health  
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*Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthemia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicæmia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)