AUG 18 1927

# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

Do not use this space.

23355

1. PLACE OF DEATH
County: Shelby
Township: Jefferson
City: Clarence (No. ..... St. ..... Ward)
Registration District No.: Dr Hardin
Primary Registration District No.:

File No.:
Registered No.:

2. FULL NAME: Mrs Perlina Isabel Haynie
(a) Residence. No. ..... St., ..... Ward.
(Usual place of abode) (If nonresident give city or town and State)
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.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: Dick Haynie

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 1 - 1861

7. AGE: Years 66 | Months 5 | Days — | If LESS than 1 day, ..... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: George Hesner
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Indiana
12. MAIDEN NAME OF MOTHER: Mary Jane Allison
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Missouri

14. INFORMANT: Mr Dick Haynie
(Address): Clarence

15. FILED ....., 19..... Mr B. G. Hyatt
Reg. REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 1 1927

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1927, to July 1, 1927, that I last saw h. alive on June 27, 1927, and that death occurred, on the date stated above, at 11.30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma R mammary gland.
(duration) 8 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Metastases to bone and lung
(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? at place of death
DID AN OPERATION PRECEDE DEATH? yes DATE OF 1920
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) D. L. Harlan, M. D
July 9 1927 (Address) Clarence Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Maplewood
DATE OF BURIAL: July 3 1927

20. UNDERTAKER: E E Hopper
ADDRESS: Clarence Mo.

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.