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

82

Do not use this space.

29549

1. PLACE OF DEATH

County: Buchanan
Township: Marion
City:
Registration District No.: 5123
Primary Registration District No.:
(No. 2 miles so. of San Antoine, St. Ward)
File No. 13
Registered No. 13

2. FULL NAME: Alice Josephine Haynes

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July, 24, 1918

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	9	2	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home.
(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): Andrew Co, Mo.

PARENTS

10. NAME OF FATHER: Joseph Haynes
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Andrew Co, Mo.
12. MAIDEN NAME OF MOTHER: Esther Pearl Whiteaker, 19
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): DeKalb Co, Mo.

14. INFORMANT: Joseph Haynes
(Address): Easton, Mo. R.#3.

15. FILED 11/10, 19 [redacted] Nigham MD REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct, 21, 1927 19

17. I HEREBY CERTIFY, That I attended deceased from March 10th, 1927, to Oct. 21, 1927, that I last saw her alive on Oct. 10th, 1927, and that death occurred, on the date stated above, at 5.00 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Peranchimatous Nephritis
131
B1A
1290
(duration) 1 yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY): Spinal Sclerosis
(duration) yrs. 6 mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? At Home
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) John C. Story, M. D
(Address) 1203 So. 10th St. Joseph, 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: Mt. Auburn Cemetery
DATE OF BURIAL: Oct, 24, 19 27

20. UNDERTAKER: Walter Meinhoffer
ADDRESS: 1302 Faraon St.

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.