222

PR 23 1928

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

Do not use this space.

7950

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 399
City St Joseph (No. State Hosp #2 St. Ward)

2. FULL NAME John 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. 1 mos. 15 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) not stated
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown 1873
7. AGE YEARS 55 MONTHS Unknown DAYS — If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) not given (STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER not given
11. BIRTHPLACE OF FATHER (CITY OR TOWN) not given (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER not given
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) not given (STATE OR COUNTRY)

14. INFORMANT St Hosp No 2 Record (Address) St Joseph Mo
15. FILED 3/29, 1928 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH 2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mch 28 1928
17. I HEREBY CERTIFY, That I attended deceased from Mch 4, 1928, to Mch 28 1928 that I last saw him alive on Mch 28, 1928 and that death occurred, on the date stated above, at 11 P M m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Paralysis of the insane
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Syphilis
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? not known
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory
(Signed) G. S. Roberts, M. D
3-28, 1928 (Address) State Hosp #2

*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 Gower Mo. — DATE OF BURIAL Mar 30 1928
20. UNDERTAKER H. A. Sullins — ADDRESS Gower

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.